

CHEMIST & DRUGGIST

the newsweekly for pharmacy

April 8, 1989

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partners



Lady Jayne
Lady Jayne

**BPSA supports
Council on
supervision**

**Funds sought for
'Health Care in
the High Street'**

**ICML becomes
Numark for '90s**

**PAGB looks to
Europe 1992**

**C&D seminar:
OTC topical
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 Beauty Reporter: Penny Harris, BA
 Business Editor: Chris Hulme, BA
 Technical Reporter: Eileen Wilson, MPS
 Reporter: Bill Wibley, MPS
 Art Editor: Tony Lamb
 Price List Controller: Colin Simpson
 Advertisement Manager:
 Richard Langrish
 Assistant Advertisement Manager:
 Doug Mytton
 Production: Shirley Wilson
 Publisher: Ronald Salmon, FPS

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COMMENT

While community pharmacists are currently going through a period of introverted professional debate, manufacturers are scanning the wider horizons of a pan-European OTC market. At a Proprietary Association seminar last week (p586) industry executives were left in no doubt that while the internal pharmaceutical market may not be completed on schedule by 1992, European opportunities should become increasingly sought after.

It is salutary to realise that the first EC pharmaceutical directive was adopted 24 years ago. Many pharmacists practising today were not even on the Register then. One of the last remaining hurdles is the devising of an acceptable European regulatory system. While there is concern that product applications may not be scrutinised in one member state in a way acceptable to its neighbour, there are also straightforward political problems. One government may balk at carrying the can at home for an Open-like drug given a marketing authorisation elsewhere.

The European Proprietary Association has proposed that a marketing authorisation issued in one member state for a non-prescription product should be used as a "passport" to allow it access to the internal market. But

this essentially simple idea runs up against another strand of the Community's proposed legislative web — the EEC POM List. At present the dividing line between OTC and POM varies widely in the various member states. Codeine is unwelcome in Greece, as tourists with some UK analgesics have found to their cost. All nose drop preparations are restricted to prescription in Holland. Ibuprofen is still POM in France. Moves to adopt an EEC POM list taking in only some of the anomalies could result in some familiar products disappearing from UK pharmacy counters in years to come.

The UK is fortunate in having a powerful and articulate lobby to put its case in Brussels. Legislation is also often less restrictive here than on the Continent — the vitamin and supplement market is a case in point (C&D last week p516). Community pharmacists may feel distanced from the wrangling, but will be directly affected by the outcome. Harmonisation of the European medicines market will allow economies of scale more likely to benefit the larger OTC companies. Pharmacists must use the synergy between industry and retail to ensure good products from smaller firms are not lost through lack of support.

Pharmacy leaflet schemes get £250,000

Secretary for Health, Kenneth Clarke, has promised £250,000 a year funding to support increased health education activities by pharmacists, starting this year.

The amount is more than double that sought by the Pharmacy Healthcare steering committee to expand the leaflet distribution scheme through pharmacies. A report, "Pharmacy Healthcare", written by Zandria Pouncefort, director of information, Family Planning Association (the publishers), with Saskia Zeelenberg, Royal Pharmaceutical Society, argues that £100,000 a year for the next three years is essential if the scheme is to develop further.

Speaking at the report's launch on Tuesday, Kenneth Clarke commended the Society for its efforts in running the scheme and said that pharmacies were ideal bases for giving the public valuable information as they were visited daily by six million people, both healthy and sick.

"By making available good quality information on healthcare matters throughout the comprehensive network of pharmacies, we can be reasonably sure of getting key messages across," he said. He added that he remained fully committed to the proposals in the "Promoting Better Health" White Paper for widening the role of pharmacy.

During the past three years, pharmacies have distributed 25 different healthcare leaflets on 15 topics — a total of over 10m leaflets. The report says that although this output is impressive, lack of central funding has made it difficult to promote the scheme to potential users and to plan an information programme co-ordinated with the work of health education units and others.

The organisers believe that, with appropriate finance, the highly successful but *ad hoc* and voluntary scheme could become a major national, structured programme of healthcare information through pharmacies.

Independent surveys by Aston University in 1986 and 1988 have shown consistently high participation by pharmacies (95-97 per cent and 93 per cent), says the report. Organisations taking part have noticed an unusually high response rate to coupons on the leaflets. The organisers pay only the costs of producing and posting



Health Secretary Kenneth Clarke (right) pledges £250,000 for health education through pharmacies. Zandria Pouncefort, principal author of the report "Pharmacy Healthcare" and director of the information at the Family Planning Association shares the platform with Royal Pharmaceutical Society president Bernard Silverman

the leaflets, in return for a four to six week national campaign.

This economical way of distributing free literature to a wide cross-section of the public has encouraged 16 organisations to use the scheme so far.

Further developments over the next three years could include a planned programme of health care literature in pharmacies, close co-operation with Government on promoting major healthcare concerns and dealing with health crises such as food hygiene, close co-operation with other healthcare organisations to time specific campaigns for maximum impact, assistance for less well-off charities in distributing important material, wider publicising of the scheme to the public and evaluation from the

consumer viewpoint.

The Royal Pharmaceutical Society president, Bernard Silverman, suggested to Mr Clarke that the time had come for him to consider amending legislation to reward pharmacists for their contribution to health promotion. "It is surely a paradox that where so much needs to be done to change the emphasis from treatment to prevention of illness, pharmacists can still only be remunerated for activities associated with the supply of medicines," he said.

Zandria Pouncefort said all members of the steering committee had been impressed by pharmacists' commitment. Other steering committee members besides the Society and FPA are the Health Education Authority, Scottish Health Education Group, National Pharmaceutical Association and Boots the Chemists.

■ Kenneth Clarke, Secretary for Health, has acknowledged that pharmacists can play a part in the introduction of drugs budgets for GPs. "Pharmacists will have a key role in bringing to bear their knowledge about the formulation, presentation, supply and price of drugs," he said on Tuesday. "I anticipate that there will be a great number of projects, aimed at containing costs without comprising patient care and I am sure that pharmacists will be keen to play part in this."



NPA director Tim Astill looks over the "Pharmacy Healthcare" report with author Zandria Pouncefort

Standing for Council...

Fourteen pharmacists will contest the seven seats vacated by retiring members in this year's elections to the Royal Pharmaceutical Society's Council. All seven retiring members are standing for re-election.

Spice to this year contest will be added by the presence among the new candidates of John Davies, proposer of the "no confidence" motion on the supervision issue at this Sunday's special general meeting. Among the 14 candidates are no less than seven practising community pharmacists.

The seven candidates are:

Williams Darling, a proprietor pharmacist from Sunderland, and a former president of the Society
Colin Hitchings, RPhO, South West Thames and former president of the Society

John Meyers, formerly chief administrative pharmaceutical officer, Lothian Health Board

Alan Nathan, a locum pharmacist from London

Mrs Marion Rawlings, a proprietor pharmacist from Cardiff and vice-president of the Society

Bernard Silverman, formerly director of professional services at Boots, and the president of the Society
Graham Walker, a proprietor pharmacist from Budleigh Salterton in Devon

The new candidates are:

Michael Burden, DPhO, Leicester, and secretary, UKCPA

Peter Curphey, a community pharmacist from Douglas, Isle of Man

John Donoghue, a community pharmacist from Liverpool

John Davies, a retired proprietor from Somerset and secretary of the Rural Pharmacists Association

Laurence Goldberg, DPhO for Salford and Trafford Health Authorities and founder member, UKCPA

Gerald Green, of Forest Row, East Sussex, retail director of Macarthy Retail

Alan Smith, director of the British Generic Manufacturers' Association and formerly PSNC chief executive.

The Licensing Authority has decided that wound dressings which are capable of absorption by body tissues come within the scope of the Surgical Materials Order 1971 and therefore require a product licence. Hydrocolloid, hydrogel and dressings containing collagen or alginate are affected and the companies concerned have been advised of the need to apply for product licences. As a consequence, distributors will also require wholesaler dealers licences.

End cosmetic animal tests

Dame Janet Fookes, MP for Plymouth, Drake wants to see an end to licences being granted for animal testing of cosmetics.

In the House of Commons last month, Dame Fookes said she could not understand why animals were still subjected to procedures such as the Draize eye test for irritation.

"Some ingredients have been used for so long that we know they are safe," she said, "so they don't need testing. Indeed many companies now claim their cosmetics are not animal tested."

Replying, Under Secretary of State for the Home Office, Douglas Hogg, agreed with the objective of reducing the use of animals in cosmetics testing. But elimination of animal testing is not possible, he said, because that would stop innovation and development of new ingredients. "And without proper testing involving animals, manufacturers could become liable — in my view, so — for heavy damages if they sold cosmetic products which seriously injured the health of their customers," he said.

Slimming CDs

Slimming clinics will no longer be able to supply amphetamine-like Controlled Drugs following a Home Office decision not to issue or renew the authorisations commercially-run clinics need to supply the products.

The drugs involved include diethylpropion, phentermine and mazinolol which were brought under control of the Misuse of Drugs Act 1971 in 1985 and 1986 because of their dependence-forming properties and potential for misuse.

Douglas Hogg MP, chairman of the ministerial group on the misuse of drugs, last week said: "The need for slimming clinics to stock amphetamine-like appetite suppressants for supply, albeit on the authority of doctors they employ, directly to clients is not clearly established in medical, as distinct from commercial terms. We have decided that the issue of a Home Office authority to facilitate that supply is inconsistent with restricting the use of drugs to genuine medical need which can be met by conventional channels."

Some 20 current applicants for such an authority have been told that none will be issued and the 41 existing authority holders informed that their authorities will not be renewed on expiry.

BSI gets tough on condoms

The British Standards Institution has introduced a new and more rigorous standard covering condoms.

The fourth edition of BS3704 includes an increase in the maximum wall thickness specification enabling slightly heavier guage condoms previously not covered by the BS to be included and, therefore, carry the Kitemark.

The revision does away with the previous cumulative sampling plan which, in theory, could permit a greater number of condoms to have pin holes if the manufacturer produced smaller batches.

Manufacturers can now use whichever sampling method is most appropriate but, to be awarded the Kitemark, they must prove they meet all the specification's requirements. The new standard stipulates a maximum of 0.4 per cent pin-holed products.

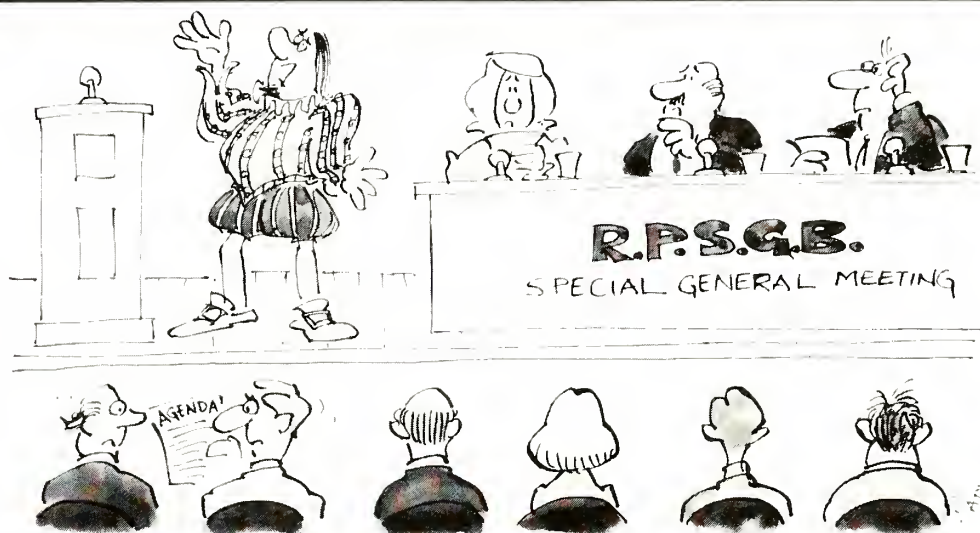
For the first time, the standard introduces a minimum force at break of the condom, giving an indication of strength in absolute terms. It also gives details of what the usage instructions should cover, rather than merely stating that instructions should be given.

The revision specifies an

artificial ageing process and gives requirements for the tensile properties of aged and new condoms.

The new standard has been welcomed by manufacturers. However, Durex manufacturers, LRC Products, would like to see the government make the BSI Kitemark compulsory for all condoms. Dr Bill Potter, Durex R&D director, says until this is done there is no failsafe.

Copies of the standard are available from BSI Sales, Linford Wood, Milton Keynes MK14 6LE (£21.40; £10.70 to BSI subscribers).



"To check or not to check that is the question, whether tis nobler in the mind to suffer the slings and arrows of Society's Council or by opposing end them..."

Students support Council on supervision

Pharmacy students fully support the Council of the Royal Pharmaceutical Society's policy for supervision of dispensing.

A motion in support of Council was passed unanimously by some 70 future pharmacists attending the British Pharmaceutical Students Association 47th conference, held in Portsmouth this week. And although they are not eligible to vote at Sunday's special general meeting, David Tait, BPSA president and Martin Oliver, international liaison officer, are both registered and will use their votes to ensure that the BPSA's voice is heard.

"Students are the people of the future and the outcome will affect them more than any one else," says Martin Oliver.

"While 99 per cent of pharmacists will want to see every prescription before it goes out, to

have it laid down in legislation is an affront to our professionalism," said David Tait proposing the motion.

Concern was expressed about "handing over responsibility to technicians". Paul Dillon of Aberdeen University said that "semi-pharmacists" would be created. "Maybe Frankenstein is making his monster again," said Mr Dillon and he predicted technician's attitude would change.

Martin King of Cardiff expressed fears about the standards of technicians training, saying that none of the courses currently available came up to scratch. "Would the public be happy to see their next door neighbour's daughter dispensing prescriptions without much apparent supervision throughout the process," he wondered.

Fears about technician's attitudes were not generally supported. However conference passed, by a narrow majority, a motion urging that Council introduce as soon as possible, the training of certificated staff for the new supervisory roles.

Mark Kozioł, BPSA/YPG member, praised Council's vision in giving pharmacists an opportunity to develop alternative roles "should the carpet be pulled from under our feet."

"There are no sacred cows in this country as far as the Government is concerned. Council is providing us with an insurance policy. If we do nothing it would be like sticking to a precipice with an icepick and waiting for an avalanche to fall. Students want to be entering a profession that has a future going for it," he said.

Minister wants more generics

Health Minister David Mellor is urging doctors to prescribe generically, after statistics show that the basic cost of prescriptions dispensed rose 12 per cent in 1987.

A Department of Health Statistical Bulletin (4/2/89) shows that the basic cost of prescriptions dispensed by pharmacists in the family practitioner services rose from £1,366m in 1986 to £1,537m in 1987, an increase of 8 per cent in real terms.

The number of prescriptions increased by 4 per cent to 335m, the highest ever level. The average cost per item was £4.58, eight per cent more than in 1986, and on average each person had 7.1 items at a basic cost of £32.61. The cost per person was greater in the North.

Over three-quarters of prescriptions were free to the patient and two out of every five were for elderly people. Gastro-intestinal drugs rose the fastest in terms of cost and number of prescriptions while cardiovascular drugs cost more than any other group.

Commenting on the statistics, David Mellor said one way of improving the cost effectiveness of prescribing was to increase the proportion of generic medicines: "Generic prescribing is good professional practice, as well as cheaper for the taxpayer."

Only 39 per cent of prescriptions were written generically in 1987. "That is too few," he said. "We expect GPs to pay greater attention to their prescribing now that they receive PACT, the prescribing feedback system launched last August. There should be increased discussion by GPs of how they prescribe. Prescribing could and should improve without detriment to patient care."

Alcon eye care

Alcon Laboratories (UK) Ltd are sponsoring a glaucoma care project with the aim of aiding the identification of glaucoma in the community and subsequent counselling and patient care.

A team of nurses will be available for in-practice meetings and a range of educational material, including two booklets, will be made available to hospitals, surgeries and pharmacies, upon request. *Alcon (UK) Ltd. Tel: 0923 246133.*



Dr R.M. Reekie (left), senior medical advisor at Crookes Healthcare, put the case for OTC topical hydrocortisone at the tenth C&D training seminar last week (see p589-592), assisted by Ian White (right), consultant dermatologist, St John's Hospital for Diseases of the Skin, London, and Crookes group product manager Pamela Watson (centre). The market for 1 per cent OTC hydrocortisone, at £2m, is below half of what manufacturers were predicting two years ago. It is not big enough to support a dozen companies, and some are already beginning to discontinue products. "The future does not look optimistic unless pharmacists recognise the opportunity to counterprescribe this safe and effective medicine," warned Pamela Watson

Pharmacy best for glasses

Pharmacies are the preferred outlet from which to buy ready-to-wear reading glasses, according to a Gallup survey commissioned by Grett Optik.

When offered the choice of pharmacies, drug stores, supermarkets, department stores, bookshops, and other outlets, 63 per cent considered pharmacies to be the most suitable.

The survey identified a high level of ignorance (90 per cent) about presbyopia, although 70 per cent of the 45-60 year olds questioned are likely to be

affected. Just over a third were unaware that they could buy reading glasses over the counter from April 1.

Almost half gave quality of the lens as the most important point for self-selected spectacles, followed by price, assistance from the retailer, style and quality of the frame, in that order. While 89 per cent knew that a hand held magnifier would overcome problems with reading small print, only 65 per cent made the connection that reading glasses are simply magnifying lenses in spectacle frames.

PSNI COUNCIL

A report on a meeting of the pharmacy practice research group at the school of pharmacy, Queen's University of Belfast, was given by the president of the Pharmaceutical Society of Northern Ireland to the Society's Council meeting last month.

The meeting was the first with various sponsors and the main business on the agenda was the structure of the group and possibility of further funding.

The Council was pleased to receive a cheque for £120 for the Benevolent Fund from a function arranged by Miss Judith Rolston of Harte Chemist, Finaghy.

The following applications for registration as students were approved on the motion of Mr Kerr seconded by Dr Maguire: Miss Helen Elizabeth Claderwood, Ballymoney co. Antrim; Miss Kathryn Jane

Currie, Ballymena co. Antrim; Miss Susan Margaret Elwood, Belfast; Miss Linda Hollywood, Tandragee co. Armagh, and Mr Colin Frazer Morton, Belfast.

On the Motion of Mrs O'Rourke seconded by Mr O'Rourke the following applications for reciprocal registration under the agreement between the Northern Ireland and Great Britain Societies were approved: Mr Manus Joseph McAleer, Smalls Road, Warrenpoint co. Down, and Mr Brian Joseph Pagni, The Square, Coalisland co. Tyrone.

Mr Kerr circulated a report of the first meeting of the E.C. advisory committee on the training of pharmacists which he had attended in Brussels. A training session for potential pre-registration tutors is to be held in the Society's House on April 26.

RDC cases up 50pc

Pharmacist applications to the Rural Dispensing Committee for preliminary consent in the year to March 31, 1988 were almost 50 per cent higher than in the previous 12 months, according to the RDC's recently published fifth annual report.

Forty-nine applications were received from pharmacists in the year to March 31, 1988, including three brought forward from 1986/87. Of those, 24 were granted, eight were refused, eight withdrawn, three precluded from consideration and six were left to be decided.

Appeals were made to the Secretary of State against 16 of the RDC's decisions together with six from 1986/87; by March 31, 1988 the Secretary of State had upheld the RDC's decisions in 11 cases, and reversed its decision in one case.

In the year to March 31, 1988, the RDC received 37 applications for outline consent from GPs and seven applications were brought forward from the previous year. Of those, 21 were granted in full, one was granted in part, ten were refused, none was withdrawn, one was precluded from consideration and 11 were left to be decided. Appeals against nine decisions were lodged with the Secretary of State together with two held over from 1986/87. By March 31 the Secretary of State had upheld the RDC's decision in three cases.

Family practitioner committees notified the RDC of 47 decisions on rurality, and 11 decisions where the appeal time had not expired were brought forward from 1986/87. Of 15 appeals, three were rejected, five upheld, two upheld in part and five remained to be determined.

The RDC says cases are becoming increasingly complex which sometimes prolongs decision-making. The report gives a few hints on the way information should be presented to help speed things along, for example accurate clear maps form a vital part of supporting evidence for outline or preliminary consent and for appeals, and dispensing statistics should generally be expressed in terms of numbers of items dispensed.

Copies of the "Fifth annual report of the Rural Dispensing Committee" have been sent to local pharmaceutical committees.

The Dumfries pharmacy owned by Mr Blount will lose up to £1,000 a month (not a week) under the new Scottish fee structure (C&D last week p496).

Full PGC to meet next week

The full Pharmaceutical General Council in Scotland is to meet on April 12. The PGC was due to step down at the end of last month pending the results of forthcoming elections, but its life has been extended for this last meeting.

Mr Stephen Woods, the former PGC chairman who is leading the revolt by a number of Scottish contractors against the new agreed fees structure, is claiming the decision to call a meeting is a victory for his side. "I am delighted that the Standing Committee appears to have bowed to the pressure being exerted on it, and has arranged a meeting for April 12, at which we can hopefully have a full discussion of the current situation."

Mr Woods claims several PCG members are unhappy about the new fees and the way the Standing Committee agreed the scales with the Scottish Home and Health Department without reference to the full 42-member General Council.

PGC acting chairman Graeme Millar confirmed that a meeting had been called, but said that the agenda had yet to be decided.

Sight test free for all?

A Private Members Bill which would allow unqualified people to carry out sight tests and supply spectacles is expected to be put to Parliament in the near future.

It would enable non-optical outlets to check for long and short sight and astigmatism, but not for medical conditions such as glaucoma, diabetes and high blood pressure. They would then be able to prescribe the necessary glasses.

Joe Lee, a director of Crown Eyeglass plc, believes that unqualified people, after a short training, are as capable as optometrists of carrying out sight tests. His company makes glasses for opticians and runs the Crown Optical Centres, which at present may supply spectacles only on a qualified person's prescription. He wants to be able to use autorefractors and other testing equipment in his shops to offer customers spectacles at a much reduced cost.

The Bill will be sponsored by Lord Rugby, Lord Northfield and Viscount Montgomery.

TOPICAL REFLECTIONS

by Xrayser

Pride...

John Donoghue's article in *C&D* last week so nearly fits my appreciation of what Council is offering that I have to comment. Put bluntly, the long term danger of the Society's proposition (of delegating dispensing to a new class of "trained" dispensers) lies in the statement that they shall be licenced, by exam, to dispense in our absence, and to hand that unseen final product to the patient. Mini-pharmacists? Albeit we have to see the script in the first place. A small step then, one day, for the licensed technician to accept a script in our absence, see it as perfectly clear, and complete the whole process? It only wants the argument made, that, since the GP himself has written the script, it's got to be right! So we have the giant step already made for the DoH. Mini-pharmacies?

For myself, I think the recruitment of bright hopefuls with six O's and a couple of A's for work which is intrinsically limited, would be difficult. I have to admit the ultimate heresy. I see little point in having highly trained technicians in community pharmacies. I do not think they, any more than I, would want the routine of repetitive counting all day to be seen as their major task. My best dispensing assistants — and yours too I think — are probably those we have trained ourselves. Not high flyers, just decent honest folk, who with good training are able to undertake the relatively simple processes of reading a script, typing the label, picking the right product off the shelf counting it accurately and getting it right. The one thing we want is accuracy and reliability.

If I read him correctly, Mr Donoghue is saying we should have the discretion to operate as we are, but with more recognised responsibility. I believe in raising this spectre of supervision, the



Society is railroading us. We already have the authority to organise our work practices as we think fit. If we have good enough staff we can and do delegate work. Our Council shows us an appalling lack of respect. It has little pride in the fact that we are university graduates of high calibre, each and every one exercising considerable judgment and responsibility in our daily service to the community. I

If, for example, in making a lunch time delivery of medicine we find we have to sort out the patient's

drugs, we might get back ten minutes late. I consider such absences are already a part of our job. If a script, already checked and sealed, is collected in our absence, are we then somehow at fault? Since we already do this in rural collection sites I would argue this point. Our contract requires us to provide pharmaceutical services in set hours, and to supply medicines without unreasonable delay. What is unreasonable? Not one of us allows a script to be dispensed and given out in our absence. Nor do we allow staff to sell other than GSL's if we are out. So what's the problem?

The Society seems bent on showing there is a difference between checking for pharmaceutical implications and mechanical correctness. As Mr Donoghue says, this is ridiculous. It is a simultaneous process. The truth is we already have the power to be flexible. For this reason it is essential that John Davies' proposition of a compulsory final check has to be rejected. It *would* put us back to the dark ages. A confrontation resulting in a vote of no confidence in Council will be equally destructive. The one way forward to ask Council to withdraw its proposition. And then for it to swing in behind us to ensure we get recognition and support in future for the discretionary powers we already exercise. We are responsible adults, and we have pride.

COUNTERPOINTS

Displaying Perfume Box

H. Tinchant aim to provide quality, designer packaged fragrance at "realistic prices" with Perfume Box.

Perfume Box holds up to five fragrances of the retailer's choice. There are five women's and two men's fragrances, both in separate display units which are supplied free. The testers are secured with an anti-theft chain.

The women's range consists of Yvonne (50ml £3.99, 75ml £4.99), Exception (60ml £4.99, 100ml £6.99), Lyssia (50ml £5.99, 100ml £6.99), Elitis (100ml £5.99) and Ivresse d'un Soir (100ml £5.99).

Men's fragrances are Vagabond (aftershave 60ml £3.99, 100ml £5.99; eau de toilette 60ml £4.99, 100ml £6.99) and Lomani (eau de toilette 100ml £5.99).

Perfume Box measures 50 by 30 by 28cm and is available from mid-April from H. Tinchant UK Ltd. Tel: 0468 72220.

Almay's trio

Almay are offering a new range of eyeshadow trios presented in a compact with two double-ended sponge applicators (£5.65).

Available in shades of blues and greys, soft browns, greens and pinky-mauves, the powder shadows blend easily and stay in place, say Almay. They are suitable for contact lens wearers, are fragrance-free and hypo-allergenic, it is claimed. A display unit with testers will be available. Almay. Tel: 0753 23971.

Arretez-vous

Arret is now available in packs of 18 capsules (£4.19 rsp).

The new pack carries the claim "There's no quicker way to stop diarrhoea", echoing advertising for the product. Other packs will be changed in line with the 18 capsule pack as current stocks run out, say Janssen Pharmaceutical Ltd. Tel: 0235 772966.



A new burst of Sunsilk

Elida Gibbs have relaunched their Sunsilk range of shampoos, conditioners and styling aids and introduced a number of new products to the range.

Fresh red and white packs have been redesigned to "create a more easily identifiable image" for the range as a whole with a new logo consisting of a girl with flowing hair. And Elida Gibbs say that the "new range is aimed at the woman who is confident in her ability to judge quality and is not dependent on designer names or labels."

There are care two new hairstyling aids in the range. The shaping gel (£1.15, 125ml) has been designed to provide concentrated styling power in an easy to use formula, and Elida Gibbs say that it is suitable for the most dramatic of styles. The new sculpting mist (£1.45, 100ml) can be used on wet or dry hair to give control and is available as a non aerosol pump for precision control, they say.

And Sunsilk's styling mousse extra volume has a new mousse formula which is said to spread easily along the length of each hair shaft to give extra volume, hold and style.

Sunsilk are also introducing a range of new conditioners all retailing at £1.15 for 250ml. Penetrating treatment is for dry, damaged and treated hair. This

conditioner is said to moisturise, soothe and revitalise hair, making it more supple and helping to protect it from further damage.

Remoisturising conditioner is said to be ideal for everyday use, and conditioner de parfum is said to be suitable for all hair types and complements Sunsilk's eau de parfum shampoo. The conditioner is designed to add suppleness and manageability to the hair, and to leave behind a lingering fragrance.

Sunsilk's new range of shampoos consist of moisturising for dry and treated hair, balanced shampoo for healthy hair, frequent use for added body and de parfum for a lingering perfume.

As part of a £6m media campaign to promote the new range, Sunsilk will be launching a television advertising campaign in May. The advert will feature international hair stylist Dusty Fleming, who has worked in Hollywood and on many film sets and television programmes all over the world. Elida Gibbs. Tel: 01-486 1200.

Iris Optics

Optest reading glasses and frames are distributed by Iris Optics Ltd (Tel: 01-625 7132) and Macarthy Medical Sales Department (Tel: 04023 49311).

Non-oily moisturiser

A new non-oily moisturiser is being launched to complement the range of Oxy skin care products.

New Oxy clean non-oily moisturiser (£2.09, 100ml) has been especially developed for greasy/combination skins, and should be used as part of a teenager's every-day skin care routine, say Beecham. They say that its clear gel formulation leaves the skin feeling soft and refreshed, and that it is presented in the distinctive Oxy packaging format.

Beecham Health Care will be continuing the successful "Blitz those Zits" television campaign this year. Beecham Health Care. Tel: 01-560 5151.



Body care

Healthy Bodycare are to launch a range of 16 skin and bodycare products based on a mixture of essential oils and cosmetic bases, all said to have been tested on humans by a European laboratory.

Bath oils (£3.95) in melisse, juniper, camille and rosemary, bath essences (£2.60), day and night creams (£2.50), hand cream (£2.55), foot cream (£2.50) and two baby products (£2.99) complete the range. Healthy Bodycare. Tel: 0663 32081.



SUNSILK

gets it all together!



altogether

NEW PACKS

- New totally co-ordinated range.
- New ozone-friendly aerosols.

altogether

NEW PRODUCTS

- Sculpting Mist.
- Shaping Gel.
- Ultra-hold Hairspray.
- Moisturising Shampoo.
- Penetrating Conditioner.

altogether

NEW ADVERTISING

- £5.7 million spend in 12 months.
- New internationally-proven campaign.

altogether

TIME TO...

- Take a fresh look at Sunsilk.
- Get re-groomed for the 90s.
- Gain new sales from a wider, younger usership.

Perlier pamper skin with honey

Perlier are currently selling in two new skincare products.

Honey morning cleanser (125ml tube, £4.45) is a light cleansing gel for sensitive skins which can be applied around the eyes as it contains no harmful cleansing agents, say Perlier. The gel is non-greasy, non-astringent and is easily removed with a tissue or water.

Honey lip balm (£1.95) in a twist-action stick, contains beeswax, said to maintain the natural moisture level and create a barrier, and honey which ensures a pleasant taste and encourages regular use.

Both are offered with a free counter merchandiser with larger orders.

The Perlier range, for which there is a new floor stand, will be backed by a £200,000 promotional programme this year, including Press advertising, sampling, POS and a special starter pack and 25ml travel sizes, say *Carronshore Marketing International*. Tel: 0324 554211.



Cussons get Fresh

Cussons are broadening their Imperial Leather Shower range with a third variant, Fresh Mist.

The £30m shower gel market, although young, is currently growing at the rate of 30 per cent says Cussons. Now with the introduction of Fresh Mist, Cussons hope to generate sales in the "green" sector.

Green and gold graphics have been added to the Imperial Leather ivory packaging and the

product has a fougere, fragrance and is rich and moisturising.

Fresh Mist Shower is a luxury hair and body gel while Fresh Mist Foam Bath is a pearlescent green, moisturising cream. Both products will be available from Mid April.

Cussons are supporting the launch of Fresh Mist with a 50ml extra free promotion on Imperial Leather Shower gel. *Cussons (UK) Ltd*. Tel: 061 792 6111.

Clarins... or bust

Clarins are launching Bust firming gel to help maintain tone and firmness, say Clarins.

Bust firming gel is applied each morning from the base of the bust to the chin, and should be used regularly or as a course.

Bust firming gel will be available from mid April in 50ml opaque white glass bottles with pump dispenser (£17.50). *Clarins (UK) Ltd*. Tel: 01-629 2979.

Anusol for the pregnant

During 1989, Warner Lambert's Anusol range will be targeted at pregnant women who often suffer from piles for the first time during their confinement. A booklet called "Discomforts in Pregnancy" is being distributed via consumer magazines and health visitors.

Pharmacists who would like copies should write to *Discomforts in Pregnancy CD*, PO Box 88, Southampton SO9 7FQ.

THERE'LL BE LOTS OF COLOUR IN THE NEWSPAPERS THIS YEAR.



IN THE DAILIES.

Red is in. In dailies like the Mirror and the Mail.

In Sundays like the News of the World and Mail on Sunday. And in more besides.

Because 1989 sees the biggest ever advertising campaign for any ginseng brand.



IN THE SUNDAYS.

Red Kooga is by far and away the brand leader in ginseng. And with a £200,000 spend behind the new campaign (which includes colour advertisements), that sales lead will be strengthened.

So, get your hands on some reddiees. And stock Red Kooga.



English Grains
HEALTHCARE

Park Road, Overseal, Burton-on-Trent,
Staffs. DE12 6JT.

RED KOOGA

GINSENG

WHY TRILUDAN SALES OUTSHINE EVERY OTHER ANTIHISTAMINE'S.



For several years now the best-selling antihistamine for hayfever has been Triludan. And the reasons aren't hard to see.

Not only is Triludan effective against all major hayfever symptoms, it avoids the drowsiness caused by old-style antihistamines.

In addition, Triludan is fast acting. In fact,

many patients experience relief within the hour.

Now, new one-a-day Triludan Forte is available too.

Even more reason why this hayfever season could be an even better one for your Triludan sales. And an even more pleasant one for your patients.

TRILUDAN • NOW IN A NEW PACK •
Hayfever relief that avoids sedation. And won't keep them waiting.

Trademarks: Triludan, Merrell, Dow.

**Merrell
Medicines**
Confidence in pharmacy



NORITSU.

LET US PUT YOU IN THE PICTURE.

The alluring photograph on the left could be the key to a more rewarding future.

Picture yourself in a situation where your shop could be making extra profit for your business.

Enough perhaps to take you to sunnier climes.

You can do this by processing the sort of photograph you see here (and other humbler examples!) with a Noritsu minilab.

Noritsu minilabs are number one in the world in this rapidly expanding business.

They got there by being the best and the most thorough. So thorough in fact that they won't let you buy a machine unless they're confident themselves that it will be profitable.

As for the Noritsu QSS 1201 itself it's highly automated and utterly reliable. It will fit into the smallest of spaces. And it's called the QSS – Quick Service System – because processing time dry to dry

takes just nineteen minutes.

And when we say dry we mean dry because this minilab requires no plumbing whatsoever.

It uses rapid access chemistry. All printing operations are designed to reduce the operator's workload to a minimum.

You simply let the Noritsu minilab get down to business – leaving you free to get on with yours.

We hope you've got the picture by now.

For further details call 01-451 3666 or complete the coupon for our Information Pack.

Noritsu (UK) Ltd, Chapmans Park Industrial Estate,
378 High Road, Willesden, London NW10 2DY, Fax: 01-451 3660

Please send me your Information Pack ☐

I would like a Sales Consultant to contact me ☐

Name: _____

Position: _____

Company: _____

Tel No: _____

Address: _____

CD



NORITSU: A PICTURE OF THE FUTURE

QSS

NORITSU



Nouvelle roll toilet tissue

Toilet tissue made from recycled paper is the latest "environmentally friendly" product to be introduced.

From April 10, Fort Sterling are selling in Nouvelle toilet tissue which they claim is the first top quality brand being made from 100 per cent recycled paper. Strength and absorbency are said to be comparable with premium brands and there are 288 sheets per roll. No chlorine bleachers or optical brighteners have been used to enhance whiteness.

A £500,000 national campaign on TV-am starts mid-May and there will be consumer Press briefings. Four variants — natural white, pink, peach and green — will be available in a four pack (£1.29) and a two pack comes in white and pink (£0.69). *Fort Sterling Ltd. Tel: 0204 68611.*

David Anthony Pharmaceuticals and Pharmagen were purchased on March 31 by Countercall Ltd. All agencies distributed by David Anthony Pharmaceuticals and Pharmagen will now be distributed by *Countercall Ltd. Tel: 0992 445995.*



Ciba Vision make contact

Ciba Vision have repackaged their preservative and enzyme-free range of contact lens solutions.

The new look comprises the 10.10 system, the hydrogen peroxide cleaning and disinfecting two part system, Miraflo cleanser solution, Clerz drops and the ozone friendly Solar Saline spray.

Ciba say that the new livery is designed to catch lens wearers' attention. There is no change in the formulations and each member of the range is suitable

for all types of contact lenses, say *Ciba Vision (UK) Ltd. Tel: 0489 785399.*

A restyle

Carmen are to present their Superstyle dry styling brush in off-white with pink graphics which, together with pack changes, will bring it into line with the new range. *Pifco Salton. Tel: 061-681 8321.*

Stepping out

Scholl have restyled their Active sandal (£25.99) with soft leather uppers and lightweight air cushioning. The sandals are available in four colours.

The Soft-Step range (£22.99-£24.99) has also been modified and comes in a choice of heel heights and five styles.

A new Massage sandal, said to be suitable for the beach, bathroom and sports centre is available in sizes three to eight, in white with navy trim to retail at £9.99. A new compact rotary display stand has been introduced. *Scholl Consumer Products Ltd. Tel: 01-253 2030.*

Gliding on

Nair Glide-on depilatory with no-touch applicator and light fragrance will be launched in May. Consumers simply "wind up" the product, which is dispensed from a dome on the top of the container. An advertising spend of £300,000 in women's magazines supports this product (100ml, £2.95) together with an on-pack consumer offer, POS and an introductory trade discount. *Carter Wallace Ltd. Tel: 0303 850611.*

TOILETRIES FROM TWINCO. THEY TURN SOAP INTO OPERA.



Everyone can tell the difference between Cussons and carbolic...between hard water and soft...between the best and the second best.

So, naturally, everyone can tell the difference between Twinco toilet accessories and less stylish imitations. And that gives Twinco stockists something to sing about!

TWINCO

Loughton & Sons Limited, Warstock Road,
Birmingham B14 4RT, England.
Telephone 021-474 5201 Fax 021-430 3719



® CIBA Vision have announced the re-packaging of their PRESERVATIVE and ENZYME FREE contact lens care products

CIBA Vision's range of Preservative and Enzyme free solutions, which comprises **10-10** hydrogen peroxide cleaning and disinfecting two-part system, **Miraflow** cleaning solution, **Clerz** in-eye comfort drops and **Solar Saline** spray; have all been re-packaged to give an attractive unified 'family' look.

As this is a unique lens care range which suits all types of contact lenses, effectively covering the aftercare needs of any contact lens wearer, CIBA Vision unified the packaging so that each solution will be more easily recognised as part of the range.

An added benefit to the retailer is that the complete presentation forms an original and modern display of lens care products, both attractive and eye-catching.

One important point to remember, should your customers voice concern that their lens care solutions have new packaging, is that the products themselves have not been altered, having proved themselves so effective and 'problem-free'; only the packaging has been re-designed. The new look preservative and enzyme free range will make its first appearance on the market over a period of months starting at the beginning of April 1989.



Optrex—£1.8m backing

Optrex is being repackaged and supported by a £1.8m television campaign, plus a prize draw for independent pharmacists.

First to appear in the bright royal blue and white packs will be the three sizes of eye lotion, the eye drops and Clearine. National television advertising starts with a five week burst from mid May to the end of June, followed by a further six weeks at the end of July to the beginning of September,

using last years "wonderful world" theme.

A prize draw offers a £5,000 holiday for two at one of the seven wonders of the world. Other prizes are 10 luxury weekend breaks in the UK worth £300, and 20 sets of Samsonite luggage. Pharmacists must display special POS material until mid-July then return a signed ticket saying they have done so. *Crookes Healthcare Ltd. Tel.: 0602 507431.*

GTV Grampian
B Border
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4

U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television
TV-am Breakfast
Television

SK Sky
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Anadin Paracetamol:	GTV, U, STV, B, G, TT
Bisodol:	U, STV, B, G, Y, TVS
DDD's stain devils:	TVam
Disprol (Adult):	All areas except LWT, C4 & TVam
Disprol (Junior):	All areas except LWT, C4 & TVam
Endekay Dental Health Gum:	Y
Ever Ready Gold Seal battery:	GTV, U, STV, BTV, HTV, TSW, TVS
Gillette shaving gel:	All areas except HTV
Grafic:	All areas
Listerine:	All areas
Mum:	All areas except CTV, & TVam
Neurofen:	All areas
Nice 'N Easy:	LWT, C
Reach toothbrushes:	TVam
Sanatogen Vitamins:	G, HTV, CTV, TVS, C4
Seven Seas health supplement:	All areas except Y, TTV & TVam

Taking the Fiber

Scholl Consumer Products have taken over responsibility for the sales and marketing of Vita Fiber, as part of the strategy to develop new healthcare related

opportunities they say.

The Vita Fiber brand has been repackaged with improved graphics. *Scholl Consumer Products Ltd. Tel: 01-253 2030.*

And Now: A Unique Retail Opportunity Self Selection READING GLASSES

- ★ Ready made reading glasses will soon be available to the public through any retail outlet.
- ★ Presbyopia affects 80% of people over 40.
- We supply one unisex style in six powers: +1.0, +1.5, +2.0, +2.5, +3.0, +3.5. Take advantage of this rare opportunity now. The deal we offer is simplicity itself and is tailor made to guarantee quick returns on a generous retail margin.
- Our special 13" x 8" counter dispenser holds 36 readers, information leaflets, pouches, testers and test charts. Display stands come free of charge. There is also an own-brand facility for multiples where we can offer a selection of styles.

The Market Potential is Vast

We have nationwide personal representation to maximise repeat orders. Don't miss out on the easiest sell of the decade. Call Spectique now and be first off the running block.

The Directors of Spectique boast 35 years experience in the optical industry

The reading glasses are high quality with a comfort bridge and metal sides. Each pair has optical quality, screw hinges and optically correct lenses.



Spectique/International/Ltd.

18 Station Close, Potters Bar, Herts. EN6 1TS
Telephone: 0707 44993 Fax: 0707 42743

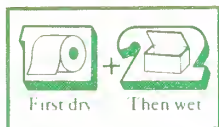


A 'BIDET IN A BOX'

**SPECIAL INTRODUCTORY
FREE
DISPENSER**
worth 53p
(Limited allocation
only)
CONSUMER OFFER



NEW *freshtex*
Moist
TOILET
TISSUE



- All the benefits of a bidet... in a box, offering extra comfort, added freshness and perfect hygiene.
- Clinically tested and alcohol free, Freshtex Moist Toilet Tissue is available in an easy-to-fix wall dispenser with 50 sheets, specially designed for the UK market.
- Refills available in 50 sheet sealed packs.
- Moist Toilet Tissue is already a fast growing market in Europe and is forecast to grow to £40 million plus in the UK within 5 years.
- A brand new profit opportunity, now available to chemists.



TO CHEMIST TRADE – Order now from your wholesaler or call our chemist salesforce
COUNTERCALL FREE on 0800-282892.
Countercall Ltd, 41a High St, Hoddesdon, Hertfordshire, EN11 8TA.



When it comes to advertising, we put our foot down.

Mycota is going to stamp its personality on the market place again this year. We're displaying our sprays, creams and powders in a colourful new unit, soon to reach every pharmacy in the country.



And with our highest ever advertising spend, you'll soon be seeing a healthy kick in your sales.



Rimmel hit the lip

Rimmel are introducing a number of new Maybelline shades for Spring, together with a new product called Satin Lip Shine, available from May 1989.

The lip shine (£1.99) is said to be a "silky formulation which gives a touch of natural colour". It is applied by a wand either directly to the lips, or over lipstick for a longer lasting shine.

Colours include satin shine (transparent), rose, sand, peach, spice and wine. As with all Maybelline products, the new shades have not been tested on animals. They will be available from May 1989.

Rimmel are also introducing ten shades of moisture whip lipstick (£1.99) in pink pearl, alpine pink, sweet violet, fine foxglove, pink chintz, fruit punch, winter ruby, scarlet ribbon, ginger glaze and flame lily.

For a limited period, six selected shades of moisture whip lipstick will be teamed with a free nail enamel in a cream and terracotta carton, worth £3.68.

Finally, two new shades of lip liner will be introduced — passion pink and florida tan (£1.65 each) Rimmel International. Tel: 01 637 1621.

Galenco launch "Advanced Skincare"

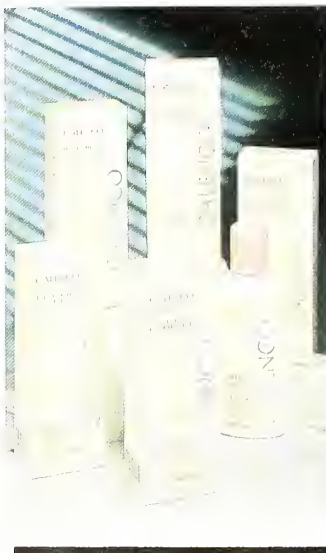
Galenco have launched a new "Advanced Skincare Treatment Programme", which they say is hypo-allergenic and suitable for both dry and sensitive skins.

Galenco say that the ingredients in the products are allergy-tested and that they can be used by those with sensitive complexions and skin conditions such as eczema and psoriasis. None of the products have been produced using animal testing, they say.

The range comprises facial cleanser, toning lotion, skin conditioner, eye make up remover and hand cream (£2.99 each, 200ml). The products are presented in white bottles and cartons with silver and pink graphics, and the toning lotion comes in a translucent bottle.

Support of the Galenco range includes a national advertising campaign in the womens' Press and point of sale material.

Galenco's Gentle Care bath range will also be supported throughout 1989 with a national advertising campaign in womens' magazines, say Galenco. Tel: 0225 768 381.



Revolution!

To mark the 200 years since the French Revolution, Bourjois are offering a limited edition collection of selected eyeshadow duos and Colorissimo lipsticks.

The cosmetics are specially

packaged in the patriotic livery of blue, red and white. The lipsticks (£2.95 each) come in a "rich ruby red" called Revolution, a "fiery bright pink" called Incroyable and a "softer pink" called Favourable.

The duos (£3.50) come in a water green and aqua blue called Ca ira; a pink and mauve duo called dialogue, and a warm brown and beige duo called Privilege.

The special range is available to independent chemist stockists, and will be in store from June 26 until August 26, while stocks last. Bourjois Ltd. Tel: 01-493 3836.

Larkhall's guide to health

Larkhall Laboratories have introduced an easy-to-follow guide to the contents and purity of their products carrying the Rita Greer symbols.

The guide aids identification of the required formulation and indicates whether the product is suitable for vegetarian, gluten-free, sugar-free, salt-free diets etc. Available free by writing to: Larkhall Laboratories plc. Tel: 01-874 1130.

CHEQUEOUT THE ADVANTAGES OF SWITCH



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A MIDLAND GROUP COMPANY

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Send this coupon to: Roger Taylor, Sales and Marketing Manager, Card Services Division, Midland Bank plc, 59 Gracechurch Street, London EC3V 0JH.

Name _____ Position _____

Company _____ Address _____

Telephone _____

C&D 4

Immac display offer

Whitehall Laboratories are running a competition for retailers of Immac depilatory products.

Pharmacists are invited to create a special Immac window display and win a Trust House Forte weekend for two, or one of 30 runner-up prizes of an Immac beach bag and towel.

Display material is currently being dispatched to retailers and the competition will be judged by end of May. *Whitehall Laboratories. Tel: 01-636 8080.*

Marzine takes a trip

Marzine RF is to be advertised in the Thomson travel holiday guide and *All Abroad* magazine. New POS including a counter tower will be made available.

Wellcome representatives will also be offering special bonus terms, and details of a wordsearch competition for pharmacists and their assistants. *Wellcome Consumer Division. Tel: 0270 583151.*

Sun and Sea from Klorane

Klorane have introduced a Sun and Sea shampoo designed to prevent hair from drying out, and to protect it from the external elements.

The shampoo is said to be rich in lecithin and palm oil, and contains both photolipids and proteins which Klorane say will help to care for hair that has been bleached by the sun and dehydrated by the sea.

The shampoo costs £2.45, and is presented in a 150ml plastic screw top tube. Klorane say that the shampoo need only be used once each day to protect the hair and keep it in good condition. *Eylure Ltd. Tel: 063 383 8611.*



Goldline's debut

Goldline (Europe) Ltd this week announced details of their range of cameras.

The new company is offering a 110 Flash, in a variety of colours, branded the Flamingo. It will retail at "under £10, according to managing director Harry Dodds.

Higher specification 110s, with glass lens come in at under £15, he says.

Their 35mm range starts with the Clipper at £19.95 through to the Supreme AF at £60 and comes in several colours. *Goldline (Europe) Ltd. Tel: 0530 72726.*

Wella make waves in the Press

Wella are advertising their Shock Waves range of products with a number of advertisements in leading teenage consumer publications.

The advertisements will run in a range of magazines including *Smash Hits*, *Just Seventeen*, *Looks*, *Jackie* and *Mizz* and are based on a black and white graffiti design.

Wella say that the Press campaign, together with an earlier radio campaign is designed to give 92 per cent coverage in the teenage target market.

The campaign is being backed by a series of Summer promotions including a 200ml gel with a free Headstrong shampoo, and a 400ml Hard Rock hairspray with a free 75ml hairspray and 200ml extra free mousse packs.

Point of sale material will include a three dimensional showcard featuring new Shock Waves styling wax, together with display trays and styling leaflets — all of which feature the graffiti theme. *Wella Great Britain. Tel: 0256 20202.*

The new 'Kodak' promotion by comparison



Heavyweight is not the word for it!

Your customers can save up to £12.50 on New AA Membership with Relay (depending on method of payment) with the special promotion pack of 'Kodak' XTRALIFE and PHOTOLIFE batteries. Plus there are 10 chances to win a year's supply of petrol (valued at £1,000).

Big names, big prizes, plus Notional advertising support, including TV, add to these competitive pricing and discounts, and you can see why 'Kodak' batteries are making such a big impression on the market.

So if your battery sales are looking a little flat, put some real 'Kodak' power into them by calling Jeon Shepherd on 0442 61122 today.



Kodak, Photolife and Xtralife are trade marks.



Magnivision

Magnivision advise that is is their policy to deal direct with retailers only. Magnivision, which has an exclusive use of the Magnivision trade mark in the UK, and is the sole importer and distributor of Magnivision reading glasses, has not and will not knowingly sell its products to wholesalers.

The reading glasses offered by Makro are from Chapman Optical Group, not Magnivision as stated in C&D March 18, p410 and April 1, p538. *Magnivision Ltd. Tel: 0782 577055.*

Bath prize

Warner-Lambert Health Care are running a national on-pack consumer competition for Listerine, starting immediately and running through April and May. Neck collars give details and one Listerine bar-code will be needed as proof of purchase.

First prize is a luxurious bathroom of the winner's choice from Twyford, with a "generous allowance" for installation. And there will also be 50 Clifford bathrobes prizes for runners-up. *Warner Lambert Health Care. Tel: 0703 620500.*

Andrex and Fiesta roll on, and on

Scott Ltd have boosted the level of television support for Andrex toilet tissue this year, with the drive weighted towards the second half of the year.

Scott say that last year Andrex was the most heavily advertised brand, accounting for 59 per cent of television spending in the toilet tissue market, and the Labrador puppy advertisement was voted the favourite commercial of 1988 in a survey of 1,000 consumers by *Marketing* magazine. Andrex sales increased by 14.2 per cent last year, more than four times the market growth of 3.2 per cent (source TCA), ending the year with 27.3 per cent of the market.

Scott expect the market to increase by 2.7 per cent this year, with Andrex growing by 5 per cent. Premium brands are growing largely at the expense of the economy sector, they say, with premium quality accounting for 56.1 per cent of the market last December compared with 51.6 per cent the previous December. Another trend is towards multipacks (packs with six or

more rolls) which account for almost a quarter of sales. Scott have just launched a nine-roll pack in pink (last week p502). And a new commercial and consumer promotions are planned for later this year, say Scott.

Quilted Fiesta is being supported by a £1.2m advertising spend this year. The kitchen towel market has become the fastest growing disposable paper market in the UK, say Scott, and topped £100m for the first time in 1988. Fiesta sales were up 10.7 per cent compared with a market growth of 6.9 per cent (source TCA). A volume growth in the market of 6.6 per cent is being predicted for this year.

Most of the £2m support for Baby Fresh (C&D Babycare supplement, March 11) will be put behind a television campaign across TVam, ITV and Channel 4 during the Summer months to coincide with the peak season. This will be backed by advertising in magazines for new mothers, and sampling in the Bounty Bag. *Scott Ltd. Tel: 0342 327191.*

New pack for Seabond

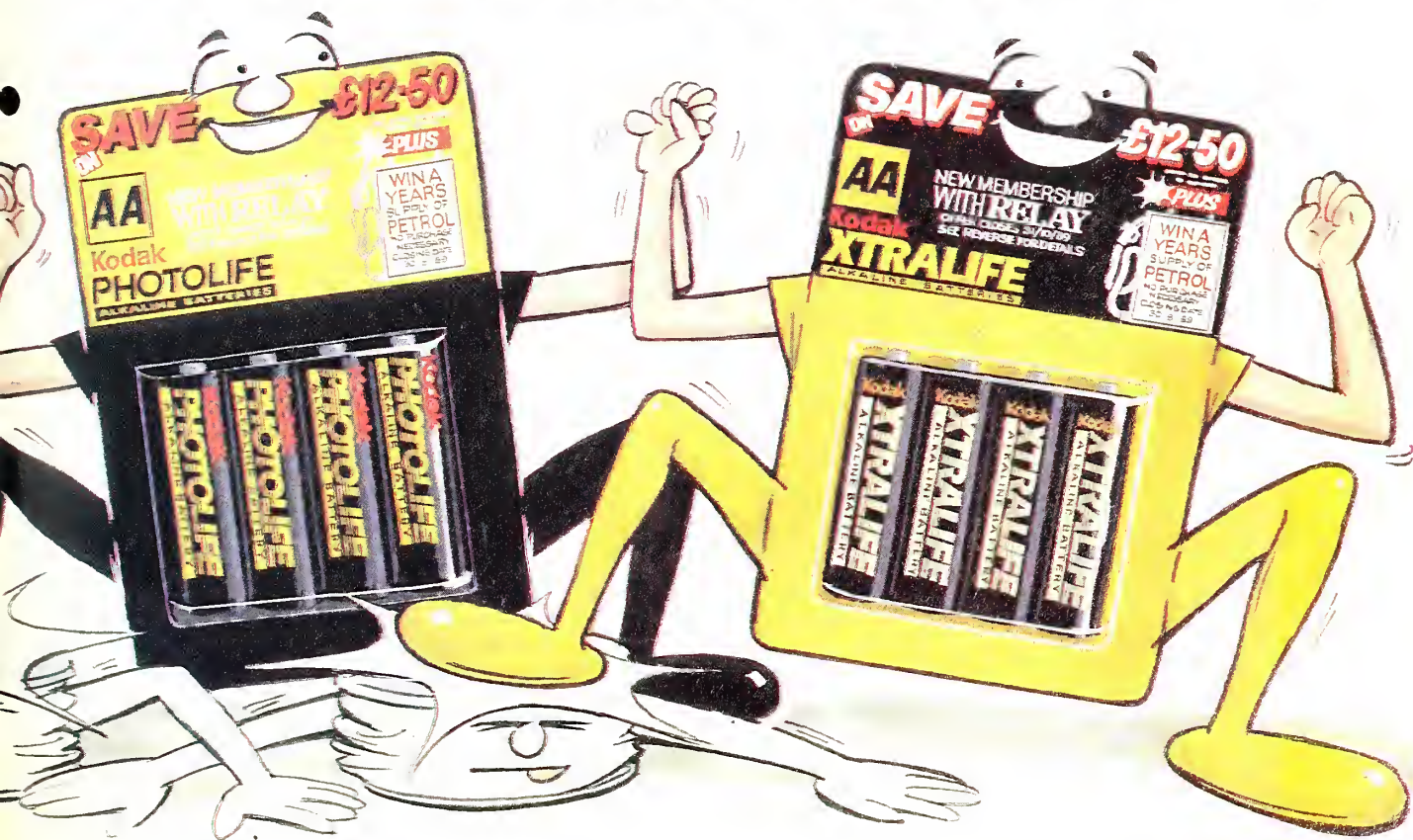
Combe International, have repackaged Seabond denture fixative. The new packs feature the same Seabond blue and green livery, but in brighter, more eye-catching shades with the key product benefits more clearly displayed, and giving the product a balanced overall appearance, the company says.

Seabond will continue to be supported by Press advertising throughout the year, supplemented by a national sampling programme in leading women's magazines, say *Combe UK Ltd. Tel: 01-680 2711.*

Agfa film

Agfa are introducing three new colour negative films. XRS films are rated at ISO 100, 200 and 400 and are available in 35mm and 120mm. Additionally, the XRS 100 will be produced in sheet form. This new range of film has been designed with both working photographers and keen amateurs in mind say *AGFA UK. Tel: 01-560 2131.*

leaves other batteries'



**YET ANOTHER PAINKILLER COMMERCIAL
WITH WOMEN IN WHITE COATS.**

There's a tense screwed-up face too. And a huge packshot. In fact all the ingredients for your average run-of-the-mill analgesic commercial.

Except it's not. Because Nurofen isn't your average run-of-the-mill analgesic.

The ad features a live sculpture, and in research it was voted one of the most noticeable



painkiller commercials ever. It's part of a £5m push, our biggest ever, to make sure Nurofen will be even more in demand.

Not only will your customers remember our name, they'll never forget our face.

NUROFEN



Behind the best names.

SCRIPT SPECIALS

Comprecin tablets

Manufacturer Parke-Davis Research Laboratories, Lambert Court, Chestnut Avenue, Eastleigh, Hants SO5 3ZQ

Description Light blue, oval, film coated tablets each containing enoxacin 200mg

Uses Treatment of infections caused by susceptible organisms including: genito-urinary tract infections; skin infections (infected eczema, folliculitis, cellulitis, impetigo, superficial wounds and chancroid); and shigellosis.

Dosage Adults The usual dose is 200mg taken twice a day with or without food (for specific dosage instructions see Data Sheet).
Elderly (over 65 years): higher

serum concentrations are found in the elderly. These patients should receive 200mg Comprecin twice daily, or 400mg as a single dose for genital tract infections.

Children: not recommended. For skin infections, complicated urinary tract infections and shigellosis the dose is 400mg twice a day

Side effects Of those reactions reported as related to enoxacin therapy the most frequent were nausea or vomiting, dizziness, altered taste, dyspepsia, headache, abdominal pain and rash

Contraindications, warnings, etc Should not be given to patients with known sensitivity to quinolone antibacterials. May cause CNS stimulation which may lead to tremor, restlessness, lightheadedness, confusion. Dose adjustment is needed in moderate to severe renal impairment. Should not be used in patients

predisposed to seizures such as those with epilepsy, structural CNS lesions or severe arteriosclerosis because the drug has been associated with a higher risk of seizures in such patients. Caution should also be exercised in the elderly where there is an increased prevalence of these conditions. Should not be given to pregnant or nursing mothers

Drug interactions Interferes with theophylline metabolism leading to raised serum levels. If concomitant use of theophylline and enoxacin cannot be avoided patients should reduce their maintenance dose of theophylline by 50-75 per cent and plasma theophylline levels should be monitored. Enoxacin also inhibits caffeine metabolism. Clearance of the less active R-isomer of warfarin is reduced so prothrombin times should be monitored if enoxacin and warfarin

are given together. Avoid concomitant administration with fenbufen

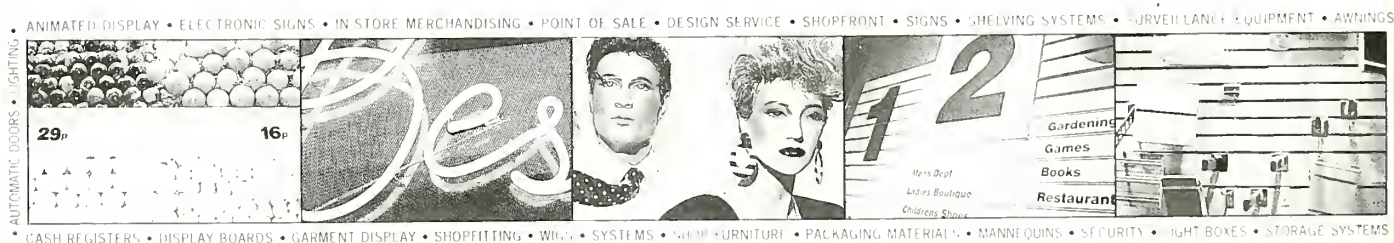
Supply restrictions POM. Available from April 10

Packs Blister packs of six tablets, £5.40 trade

Product Licence 0018/0143

Further information Enoxacin is a broad spectrum fluoroquinolone antibacterial agent which inhibits the bacterial enzyme DNA gyrase. It achieves peak plasma concentrations in 1-2 hours in healthy subjects. The drug's half-life is 4-6 hours and steady state is achieved within two or three days with a twice a day regimen. Enoxacin penetrates sputum, bronchial mucosa, bile, blister fluid, kidney, prostate, pelvic tissue, and muscle, often at levels exceeding serum concentrations. The drug is approximately 30 per cent bound to plasma proteins

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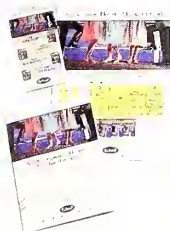


Not surprisingly, the new Scholl range is the most popular brand in prescription hosiery for men and women. So much so that one might well ask, is anything else worth stocking?



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PRESCRIPTION SPECIALITIES



Milupa lpd

The Milupa special product range now includes a low protein "milk" drink suitable for children and adults. Milupa lpd is presented as powder in 400g tins (NHS price £4) and prescribable as a Borderline substance for inherited disorders of amino acid metabolism in children.

It can be used in renal conditions and liver disease when a protein- or amino acid-restricted diet is indicated, for children from one year old to adults. Contraindications are cow's milk protein intolerance, lactose intolerance, sucrase-isomaltase deficiency, glucose-galactose malabsorption and fructose intolerance.

Dosage of Milupa lpd depends on the individual protein or amino acid tolerance, and should be specified by a doctor. The standard dilution is 8g in 100ml of water according to taste.

Ingredients are deproteinised whey, demineralised whey, vegetable oil, starch, sucrose, emulsifier, potassium citrate and calcium phosphate. It comes as a white to pale yellow powder and can be used as a milk substitute in cooking.

Milupa lpd is supplied in outers of two (singles available on request). The shelf life is 18 months, and the product will keep for four months once opened. *Milupa Ltd. Tel: 01 573 9966.*

yellow powder and can be prescribed as a Borderline Substance for proven lactose and sucrose intolerance in pre-school children, fructose intolerance, galactosaemia, galactokinase deficiency and proven sensitivity to whole protein.

It is contraindicated in glucose-galactose malabsorption.

The product is free from milk protein, lactose, sucrose, galactose, fructose and gluten.

It should be used within four weeks of opening, say *Milupa Ltd. Tel: 01-573 9966.*

BRIEFS

Britcar announce that Kaltostat has been granted a pharmaceutical product licence as a primary dressing for the treatment of chronic exuding wounds. It is the first to be issued by the Department of Health to an interactive dressing, and follows confirmation of product safety and efficacy, say *Britcar Limited. Tel: 0252 333314.*

Anusol HC ointment is to be supplied in 30g packs (£5.81 trade), and Anusol HC cream will come in 30g packs (£6.19). The 25g packs of both products are being discontinued after April 10, say *Warner Medical. Tel: 0495 762468 (orders).*

Cytotec tablets 200mcg are now available in a 56 tablet pack (£13 trade). *Searle Consumer Products. Tel: 0494 21124.*

H.N. Norton's ibuprofen 600mg tablets (100, £6.78 trade) are now over printed in black with the strength within the company's twin triangle logo. *H.N. Norton & Co Ltd. Tel: 01-530 7166.*

Patient information leaflets are being introduced for packs of Amoxil capsules 250mg x 21 and 500mg x 21 once existing stocks are exhausted. The leaflets are intended to encourage patient compliance, avoid confusion especially in the elderly, say *Bencard. Tel: 01-560 5151.*

Pfizer say they are converting their product range to OPD packs in three phases during 1989. Phase 1 OPs will be available from April 3

Prejomin for dietary disorders

Milupa are launching Prejomin (400g, £6.27 trade) — described as a hypo-allergenic, semi-elemental, complete formula for the management of infants and children with chronic diarrhoea and food intolerance.

The product comes as a pale

Product		New pack	New trade price
Atarax tabs	10mg	84	£1.52
Atarax tabs	25mg	28	£1.02
Diabinese tabs	100mg	28	£0.56
Diabinese tabs	250mg	28	£1.23
Feldene caps	10mg	56	£8.87
Feldene caps	20mg	28	£8.87
Feldene D tabs	10mg	56	£9.79
Feldene D tabs	20mg	28	£9.79
Glibenese tabs	5mg	56	£3.30
Sinequan caps	10mg	56	£1.10
Sinequan caps	25mg	28	£0.79
Sinequan caps	50mg	28	£1.30
Sinequan caps	75mg	28	£2.06

Pfizer Ltd. Tel: 0304 616161.

HOW TO TURN CALCIUM INTO CASH

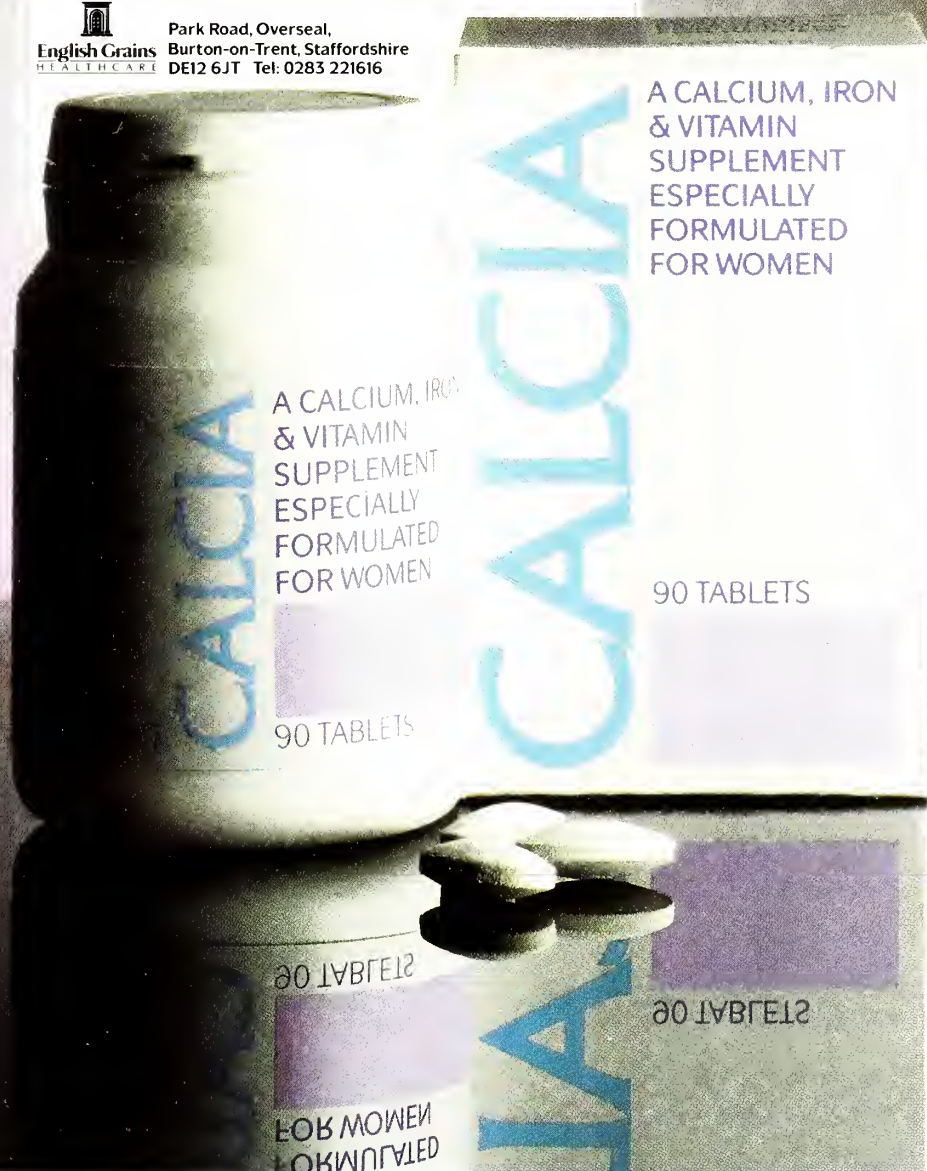
Today, more than ever, women are aware of the importance of calcium in their diets. And if there is one product that has spearheaded this awareness, that product is Calcia.

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Benefit from the fast developing public awareness of the importance of homoeopathic medicines.

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NELSONS



Last year more people used Optrex than Anadin.

Who'd have thought it?

Optrex is the seventh largest medicine range sold over the counter in pharmacies.

One in four adults now use it. (We sold over 5 million packs last year.)

This year we've already unveiled our new range of pack designs.

In June we will be spending £1.8 million

running our highly successful TV commercial.

So who knows, we may rise even higher than number 7.

But before you rush off and stock up with Optrex, we suggest you check your supplies of Anadin too.

All this activity is bound to give numbers 1, 2, 3, 4, 5 and 6 a few headaches.



Philishave — 50 years of close shaving

Philips are celebrating the 50th anniversary of the rotary head electric male shaver in a year when the 250 millionth Philishave will pass out of their factory at Drachten, Holland. C&D looks at the development of the Philishave and finds the company looking forward not back.

The original Philishave with a single three-bladed, bronze cutter and cigar-shaped, black Bakelite body, was launched in March 1939 at the Utrecht Spring Fair. Since then some 120 variations have been brought onto the market under the Philishave name, progressing from the single head to the twin and triple-headed models incorporating improved cutting head designs powered by mains, battery and rechargeable cells.

First stimulated by the appearance of crude electric shavers in the USA, Philips decided to investigate this market where today nearly 30 million male shavers are sold annually. In Europe there are said to be 140 million "shaveable men", 55 per cent of whom use electric razors, while in the US only 25 per cent of the 90 million potential shavers dry shave.

In Latin America and the Far East (excluding Japan) the proportion using electric shavers is about one in ten. In Japan, where a number of national manufacturers offer competition, the proportion of wet to dry shavers is about the same as in Europe. Philips say there are great national differences in the wet/dry relationship and where the percentage of wet shavers is high there is an enormous potential for dry shaver sales.

Electric shavers are driven directly from the mains supply, dry batteries and rechargeable cells. Europe is said to be still predominately a "mains market", but there is a trend towards the more portable rechargeable models which are also thought to attract wet shavers, who perhaps do not have razor points in the bathroom. In the USA the rechargeable market has already grown to around 60 per cent and the dry battery market world wide remains at 9 per cent.

Philips claim that they hold a significant market share over Braun in all European male shaver markets except West Germany. In the USA the market share held by Philips, as number one, is about 50 per cent and they claim an increasing share in the Japanese market.

Room to move

Production of the Philishave electric shaver moved to Drachten in Friesland in 1950, where first about 20 people were employed. The factory underwent a major expansion following the introduction of the Philishave into America and today employs some 1,700 people as the world's largest shaver factory.

With a few exceptions all the components of the Philishave are made and assembled at Drachten. Production of the motors, shaver guards, blades and plastic bodies is fully automated. Cutting elements are hardened, ground, grooved and finished on a flow line

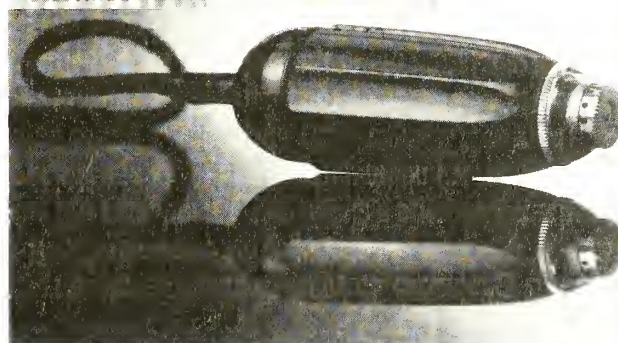
principle.

The assembly hall accommodates 24 assembly lines, subdivided into those for rechargeable, mains operated and battery powered models. Each line has the capacity to handle several thousand pieces each week and to provide a sense of achievement each team is responsible for complete assembly of each shaver. Targets for production are set, but are related to "break time" not earnings.

Quality control is basically built into the manufacturing and assembly process with the various tests being carried out by automatic screening and individual tests. Additionally, samples are removed from each batch by a separate quality control function for detailed inspection and testing.

The design and function development is carried out by a team of designers and engineers who are backed-up by some 3,000 male volunteers permanently involved in

...licht model...
...dagelijks goed en...
...licht model...



Philishave developments 1939-87 — the three bladed cigar-shaped to the slim-line HS model. Inset: "He stays looking young" — a Dutch advertisement 1946

testing and evaluating new designs.

Philips regard the 1980 "double action" cutting head with its retractable second blade, which lifts each whisker before cutting, as a "significant breakthrough".

Sensory devices have been developed for measuring the closeness of shave and skin comfort as an adjunct to objective testing by panels of 24 persons.

The way ahead

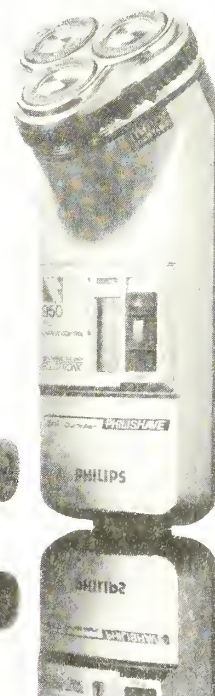
Marketing manager, Piet Verbeek says, "The marketing objectives must be to encourage sales to the young — it must be seen as the young, dynamic way to shave. Active multi-usership — the use of a second or third compact cordless model at the office, when travelling or on holiday — must become common place.

"Real innovation is the key. Improvements to shaving performance are measured in microns — the investment is quantifiable in millions of guilders".



Philishave development year by year

- 1940: Six cutting edged steel blade
- 1947: Shaving head enlarged to 60 slots
- 1951: Twin-headed "egg" model
- 1952: First battery model
- 1957-59: Flip-top cleaning and floating heads
- 1965: First rechargeable shaver
- 1966: First triple-head model
- 1972: Adjustable shaving depth available
- 1980: Double action cutting system
- 1983: Computer-controlled speed sensor
- 1985: Tracer twin-head
- 1987: Slim-line HS model



Numark Management replaces ICML and gears up for the '90s

Fifteen years of Numark were celebrated last week with word of a new company, a new name and a new constitution.

Addressing the Numark Convention at the Intercontinental Hotel in Luxembourg last week, managing director Trevor Dixon said the holding company is now called Numark Management Ltd. In time this company will take over all the trading matters of Independent Chemists Marketing Ltd, ICML.

"A very important part of our heritage is Numark as a partnership of community pharmacist, wholesale distributor, suppliers and central office. At the heart of this are the 15 regional wholesalers who together make up Numark. As a company we have to meet the problems and opportunities of the coming years.

"Numark is a voluntary group and we are not led by dictatorial command or instruction. Our strength comes from unselfish co-operation with each other, and the full and willing commitment to invest in the future.

"That commitment is demonstrated by the fact that all wholesale members of Numark Management Ltd now have equal shares. No single member can dominate the company and enshrined in the articles of association is the principle of one member, one vote," Mr Dixon said.

The structure beneath the Board sees a continuance of Numark Liaison Committees in each wholesaler area. However, each wholesaler will now be represented on a new Numark Wholesale Council by a senior director or manager. "Formed as a fundamental part of the new company, the Council is responsible for the tactical implementation of the company's agreed strategies," Mr Dixon said.

For the future, Mr Dixon announced that the board are currently conducting a complete strategic reassessment of Numark trading and marketing policies, with a view to a major relaunch of Numark. "The plan is to improve further current business to exploit all existing assets and take full advantage of future opportunities," he said.

Chemist shelves hold a wide range of traditional lines and a large selection of slow selling

products, Mr Dixon said. "To be worthwhile stocking and to merit shelf space we must have more profit on the majority of these lines and we will be examining ways of obtaining this through our group buying policy."

"As community pharmacists, you must have a plan. Professionally and as NHS contractors, your role as part of the national healthcare team will expand. As retailers you must know what the consumer will be looking for and why. Numark is not about creating new habits but about satisfying consumers needs. Our relaunch will be about that," Mr Dixon said.

"Numark is seen to be and indeed is essentially a neighbourhood pharmacy offering the local community a professional health care service and comprehensive range of Numark and branded products at competitive prices," Mr Dixon said. "We must and will project these strengths."

Earlier, Mr Dixon said that Numark completed its first 15 years as a major force, full of ambition for continued progress. "In a rapidly changing world retailers, wholesalers and suppliers must be able to accurately evaluate the future business environment. Only by such planning can long term programmes succeed and new markets develop.

"Within the independent chemist sector, Numark has an enviable record of taking the initiative, but our past achievement will become irrelevant unless we can keep up the pace of continually adapting and monitoring our services both in response to trading developments and indeed where we can create new developments ourselves," Mr Dixon said.

With dispensary margins under pressure and overhead costs increasing, the front shop performance will come under even greater scrutiny. And he had some words of caution for manufacturers. "Numark will continue to give and urge full support for Numark brand and brand leading products, and will continue to rigorously promote them through the Numark national Profitline programme.

"Some sales growth is seriously being inhibited by delivery and out of stock



Numark managing director Trevor Dixon addresses the Convention

problems. And the situation is getting worse not better. Surely it cannot be too much to ask that goods on promotion are delivered to time and in the quantities ordered. We will continue to regard this area with the utmost seriousness and fervently hope we can improve the situation without resorting to serious penalties."

"From your Board and from

central office you are entitled to expect leadership and during the last few months we have been planning for the future — planning for new markets and new opportunities. This forward thinking is not to deny our heritage; which is to ensure that we continue to preserve and, in the best sense, exploit the central objective on which Numark has based its reputation."

Numark 'unscathed' by 15 months competition

Pharmacists and manufacturers wanting proof of the continued strength of Numark need only look at activity during the last 15 months of severe competition, chairman E. Hugh Butler told the Convention in his opening speech. "We have survived with little loss to our position. Our successful package of promotions and own brand lines will continue to expand and strengthen."

Changes foreshadowed in the White Paper and decisions like the arbitrary removal of the cost plus contract meant there would be continuing pressures on health care profits. "OTC will become more and more important," Mr

Butler said. "But it is likely, from what I have heard from the manufacturers, that there is also an increasing awareness of the importance of the chemist sector where Numark continues to offer an economical distribution route."

"All organisations must keep up with the times and we are initiating an inquiry into the need of pharmacists in the 1990s. We are determined to build on the success of the last 15 years to ensure that all concerned with Numark meet the challenges of the 1990s successfully," Mr Butler said.



Numark chairman E. Hugh Butler

1992: year of the walnut, wallplug, and wallet

Retail pharmacists have more to worry about from UK market dynamics than from any post-1992 attack from across the Channel. On the wholesale side there could be positive benefits, according to Jack Markley, vice-president, Western Europe, Health & Beauty Care, Procter & Gamble.

Mr Markley, president of the European Proprietary Association, told Numark delegates that nobody knows the long-term effects of the 279 regulations coming out of the Commission. He had, however, come to some general

conclusions, which he illustrated using a walnut, a wallplug and a wallet.

The walnut illustrated the "Fortress Europe" idea. Mr Markley said: "All the EEC member Governments are saying that removing the internal barriers must not mean external barriers to trade with America, Japan and the Pacific Rim. But last month, the EC's Council of Ministers proposed a 100 per cent import duty on American walnuts. 'The US produces 55 per cent of the world's walnuts. Guess who the number two supplier of walnuts

is? France. The walnut growers of the Massif Central are nuts about the good news.'"

Mr Markley also reminded delegates of the French ban on UK-assembled Nissan cars because not enough of the parts are made in the UK. "We should be wary of the walnut. It reminds us that increasingly hot competition in Europe will cause the community to be increasingly cool to competition from outside," Mr Markley said.

Moving to his second analogy, Mr Markley said the wallplug is a reminder of how slowly the internal barriers to trade will come down in the EC. "Have you tried to plug in an appliance made into the UK into an electrical socket in France? We have so many technical standards to rationalise across the countries that the barriers will be slow indeed to come down."

Standards in pharmacy are no less in need of attention, Mr Markley said. Using his own company's Vicks Sinex as an example, he explained that in the UK, Sinex, a GSL product, can be sold anywhere, in Germany it can only be sold in pharmacies, in France you need a prescription, while the registration process in Denmark is so cumbersome it is not worth the effort. "Remember the wall plug and relax any fears you have about sudden major shifts in trading practices or economic power," he said.

The last symbol, the wallet, represented for Mr Markley the single biggest thing the Community could do to accelerate a single Europe — adopt a single currency and form a European Central bank.

"One Euro-currency would facilitate and accelerate trade between the 12 member states. But the UK is opposed because London is the financial centre of Europe and the pound has been a powerful reserve currency. One day in my lifetime I think we will see it. I hope we do."

Mr Markley said that at the retail level, there would be very little change because of the single Europe. "So the retail members of Numark have no worries ahead, except to make sure the wholesaler members take full advantage of the country to country price differentials on major items ... and pass that advantage on."

"Manufacturers are having to work like mad to even out prices across Europe, or large profits will be lost through parallel importing, and price harmonisation won't be easy because of Government controls in some countries."

In fact, the EEC might even be a land of opportunity for pharmacists too. "The UK is easily the most competitive retail pharmacy environment in Europe," he said. "I dare say the average French, Spanish or Dutch pharmacist, unused to heavy competition, price promotions, strong merchandising, or regular refits, wouldn't survive very well on the high streets of England. Conversely, I believe the average British chemist would be a formidable competitor on the Continent."

Crystal promotion for crystal birthday



Geoff Bass, sales and marketing controller

Numark will celebrate its 15th crystal anniversary with a promotion giving away Edinburgh crystal glass to the value of £70,000, sales and marketing controller Geoff Bass told the Convention.

June and July will introduce the crystal promotion which is based on a comprehensive own brand campaign, with window and product display competitions, and with a lucky draw element.

Pharmacists will have to order a minimum 15 cases of own label products — of which five must be raffles — to participate in a series of lucky draws. Further prizes will accompany the window and product display competitions, with a grand draw at the end of the promotion. Details of consumer and assistant competitions will be published later in the year. The "Numark — the brightest place to shop" theme will continue to spearhead the consumer promotions.

"More and more we must all relate to the total professionalism

of retailing. Some of the UK's most successful business management is in retailing, and they are spending considerable money on consumer research, identifying needs and expectations in terms of product ranges, price bands, ease of shopping, demographic changes and projections and putting considerable investment into satisfying those needs," Mr Bass said.

He then announced that Numark is shortly to introduce a training manual, geared to help and educate in many of these aspects, including product shots, retail selling points, shelf layouts with branded and own branded, and marketing and merchandising guidance. He said: "The need to invest in training is paramount to enable pharmacies to realise these most critical retail requirements."

Mr Bass welcomed the change of heart by some previously grocery-orientated manufacturers who were now wooing the chemist sector. "The need to produce strong monthly Profitline promotions is a prerequisite, but knowing the cost of wholesale distribution, I do ask some manufacturers to review the level of profitability they give wholesalers. Frankly, some margins are just not sufficient," he said.

Mr Bass also used his presentation to announce a new "green" initiative by Numark. "Commencing with the May/June Profitline promotion, we will only promote 'ozone friendly' products. We are committed to actively pursue products, both branded and own branded which promote a safer environment."



European Proprietary Association president, Jack Markley

Prospects good, says Henley Centre man

Economic prospects for the future are "pretty good", Barrie Stanford, director of planning at the Henley Centre for Forecasting told the Conference. "Two per cent year on year

growth will give your customers £9 by the year 2007, for every £5 they have now," he said. "People are three and a half to four times richer than they were in 1950."

He said pharmacists should look carefully at their local community. "Some regions are doing better than others, but all are growing." It is, however, impossible to generalise, Mr Stanforth said. Chester is booming, so is Wallasey, while Birkenhead is still an area of high unemployment.

Mr Stanford could see no change in the pattern of income growth — the top 20 per cent who have seen incomes rise by 30 per

cent in the years 1980-87 would if anything see even greater increases between 1987-93. At the other end of the scale, the bottom 40 per cent were likely to see little real growth up to 1993.

"This is an opportunity," Mr Stanford said. "The top 20 per cent are getting to be very wealthy indeed, and are able to afford high prices."

Changes in the age profile of the population would affect manufacturers and retailers alike. The number of teenagers and people in their twenties is falling, while the middle-aged and elderly population is growing. Inheritance income from dying parents would add to the buying power of this group which is becoming more important throughout the market.

For pharmacists, one of the most fundamental changes for the future would be the increasing interest in health. "Wellness will be the order of the day," Mr Stanford said. "What you have to do is provide a service which is health as prevention, not as cure. You have to think in terms of this swing, because if you don't go with change, you are against it."

Customers will become increasingly knowledgeable with more time and more information. "They will want you to talk straight to them — the best type of advice comes with the sharing of information."

Colgate look back to pharmacy

Wholesaler conventions are strange places to find product launches or relaunches. When the product is in a sector long lost to grocery, and the company relaunching is Colgate-Palmolive, pharmacists might be sceptical.

However, sales director Karen Bamford promises a new Colgate-Palmolive, following appointment of a new management team.

She told delegates: "Traditionally Colgate-Palmolive has been perceived as 'grocery orientated' and not unfairly so. It is, however, our aim from now on to widen products appeal to meet the needs of the chemist sector."

"Greater emphasis is being placed on our core equities — Colgate dental cream, Palmolive and Soft & Gentle. Unnecessary product sizes, variants and deals have been discontinued," Mr Bamford said.

Pharmacists will get the first opportunity to see this new approach in action with the relaunch at the end of this month of Palmolive shampoo. New packaging, a reduced fill to 350ml, improved formulations across just three variants will be accompanied by a price hike to £1.19 to "raise consumers' value association" of Palmolive as well as increase profits down the line.

Support will come from a £4m TV campaign running from June. The company is investigating telesales operation to open up communication to pharmacists.



The Henley Centre's Barrie Stanford

Luxembourg the surprise package

Luxembourg seemed, at first sight, a strange choice as a Convention venue. It's a place everyone has heard of, but few have visited. And many of the delegates must have wondered if it was all worth it as they checked in at the Lux Air desk just after 7am last Wednesday.

They needn't have worried. The Convention programme, as one speaker put it, had a balance between work and play somewhat akin to that between Frank Bruno and Mike Tyson. The Grand Duchy itself proved to be the surprise package, helped by weather seen all too rarely in a UK Summer, let alone March (lunch on the lawn, picture right).

No event was more pleasant than the Friday trip down the Moselle to a wine tasting in Wormeldange. The Convention programme promised central heating on board the "Marie-Astrid" if the weather was cool, but the covered decks were empty as pharmacists and suppliers took advantage of the

balmy temperatures to relax after a morning Conference session that featured no less than 11 speakers.

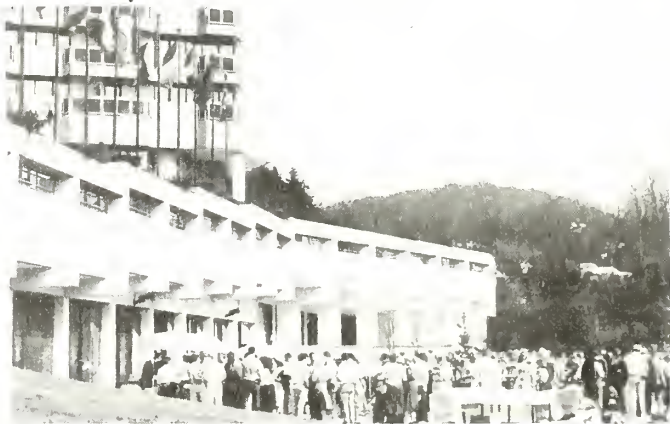
With the bar open on the boat, no-one need a second invitation. The previous day, however, only the brave took the chair-lift up 440m to the rebuilt Vianden castle. For the faint hearted, dutch courage was provided in the village restaurants.

Saturday was the "meet the trade" session, cunningly organised for the two hours before the coaches left for the border and Trier, the oldest town in Germany and one-time capital of the Northern Roman Empire.

The tone for the whole trip was set by the chairman's

welcome buffet dinner on Wednesday evening. The 12th century Bourglinster Chateau came complete with hunting horn ensemble and first floor balcony from which chairman Hugh Butler addressed the delegates in the courtyard below. The rooms were packed with food from across Europe. For the homesick, there was even fish and chips, and steak and kidney pudding. Is this all the UK has to offer a culinary Europe?

On the last night, the gala dinner prepared the delegates for the nightmare of Heathrow. This time the hour was a little more comfortable, even if the wait for the baggage, which eventually appeared on another carousel, wasn't.



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Incontinence opportunity

OTC sales of incontinence products will account for half the total market in less than five years, Stan Newman, national accounts manager, Kimberly-Clark, told the Convention. Today sales account for only 12 per cent with prescription business taking the lions share.

Mr Newman, whose company launched the Depend range of incontinence aids just before Christmas, said that a test market in Thanet had revealed that 51 per cent of sufferers use no product at all, 17 per cent use a non-specific product like tissues, and only 3 per cent use specially designed items. It has been estimated there are 2.9 million incontinence sufferers in the UK.



Smith says time is right to abolish on-cost

The three years since the publication of the Nuffield Report has seen little or no progress on any of its recommendations, Mr Alan Smith, formerly chief executive of the Pharmaceutical Services Negotiating Committee, told the Convention.

The only area where progress had been made, said Mr Smith, was on supervision, a subject on which he declared himself a "maverick" — a final checker. "If the pharmacist is to see the prescription once only, then that should be at the end of the dispensing process. To insist that pharmacists check the prescription in case the doctor makes an error, but at the same time not check the work of a technician is like saying doctors can make mistakes, but technicians can't," he said.

Mr Smith said that he would like to see Nuffield implemented but only as part of a package. Many of the recommendations of Nuffield recognised that the influence of pharmacists on prescribing could ultimately lead to a loss in remuneration. Other pharmacy activities, like giving free advice, saved the National Health Service money.

The dedication of space for counselling cost pharmacists money as expensive space was lost to an unremunerated advisory role, while the amount of money offered to pharmacists for maintaining patient medication records was so far not sufficient to reward the cost and effort involved.

Like the former chairman of the Pharmaceutical General Council in Scotland, Ian Mullen (*C&D* February 18, p236) Mr Smith declared that now was the time for on-cost to be abolished and the money used to pay a practice allowance to pharmacists

for giving advice, with additional amounts to reward extra services, like providing counselling and appliance fitting rooms, collection and delivery services, patient medication records, diagnostic services and so on.

"Nuffield said the abolition of the basic practice allowance was a 'thoroughly retrograde step'," Mr Smith reminded the audience. He suggested that the scrapping of on-cost and the implementation of a merit award system could produce a practice allowance of up to £10,000 per pharmacy.

Mr Smith said this year's settlement for England and Wales was "satisfactory" because it was based on the results of a costs inquiry. But the projected increase in payments for '89-90 depended on the achievement of forecasts for increased ingredient costs and prescription numbers.

He went on to consider the impact of the NHS White Paper budgets for GPs which would bring increased downward pressure on prescribing costs, he said. "We should remember that it costs the NHS nothing for a patient to visit the pharmacist, and we should work to make sure these changes do not act to the detriment of the profession."

Mr Smith concluded by suggesting to delegates what his priorities would be over the next few years were he still in business. "I would look for greater co-operation with manufacturers and wholesalers and would be looking at my inventory to expand areas compatible with professional community pharmacy, he said.

He urged pharmacists to think about incontinence products, reading glasses — "a value product at £14" — mobility aids and diagnostic procedures.

Behind the new Numark plan

While Numark celebrated 15 years of trading in Luxembourg, *C&D* took the opportunity to ask managing director Trevor Dixon and chairman Hugh Butler about the future philosophy of the group which lay behind their remarks on the podium.

When the voluntary trading group, then known as Care Chemists, was first announced in the Autumn of 1973, its objective was said to be "to create, develop and control services that will enable the independent pharmacist to achieve real sales and profit growth by being able to offer consumers brand leader products at competitive prices."

As chairman E. Hugh Butler of E.H. Butler & Son Ltd, Leicester, one of eight original wholesaler members still in the organisation, explains, the aim is little changed. "We started off as a voluntary trading group to meet the competition from multiples, both grocery and pharmacy. We began with promotions and have grafted on very strong own brand activity. That is still the core of the business and that will be strengthened."

"The difference as I see it now is that with the growing pressure of health care margins there is a need for Numark to reassess its position and the needs of the retailer for the next 10 years."

Neither Mr Dixon nor Mr Butler would be drawn further on Mr Dixon's remark in his speech that a relaunch of Numark is in the offing. This initiative will follow the examination of the results of the company's survey into the needs of retailers and their customers. But Numark are already introducing new operational procedures to improve services between manufacturer, wholesaler and pharmacist.

The first of these is an electronic postbox in the Warminster central office to ease the transfer ordering process. "The postbox system will provide one communication into Numark and then we will recommunicate to each wholesaler what transfer orders have been put in," says Mr Dixon.

He also seemed to warn that Numark were going to get tougher on their centralised buying policy. "We already have the buying power," Mr Dixon explains. "What we may need to look at is new and different types of negotiation. I floated the thought that some of the discount structures could be re-examined

to a basic cost with 'on-costs' depending on the extras, like marketing support. As an industry we stock a number of traditional slower moving lines. The profitability of these items needs to be structured differently to high selling items."

Mr Butler adds: "Over the next few years retailers will only maintain their position by generating more sales from the counter. He will have to have a full commitment from the wholesaler, retailer and supplier to achieve this," says Mr Butler.

The new company structure announced by Mr Dixon in the conference session means that all 15 wholesaler members of Numark now had equal shares in the newly named Numark Management Ltd.

Says Mr Dixon: "We felt it was appropriate to try and simplify the company structure which was a product of the original development of Care and then Numark. The new name is now more appropriate to our activity."

Hugh Butler adds that there were other reasons for the change. "Over the years our own label range has developed from the old NPU range with a multitude of different names. Now that is coming down to one name. We have also moved away from 'chemist' in the company name because of the way the Pharmaceutical Society is going. From the consumer's point of view, however, the word 'chemist' on our brands is an added value."

Liaison Committees have been a part of the Numark set up and will continue to have a key role to play. "They have been of tremendous benefit in terms of communication and the democratic involvement of members in the monitoring and development of services," Mr Dixon said.

As for the new Wholesale Council, this would again support the centre in operational strategy. Says Mr Butler: "It leaves the Board free to deal with major policy. Members of the Council will be close to the day-to-day running of their own business and of Numark."

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Single market — single strategy?

In 1990 the European Community celebrates 25 years of pharmaceutical regulation. The internal market for medicinal products is scheduled for completion by 1992, and although Europe will not suddenly become a single market, industry will increasingly regard it as such. It won't be long before community pharmacists see the first Euro OTC brands on their shelves. There is still uncertainty about how a future Community regulatory system will operate, and the need for a European POM list is strongly questioned by the Proprietary Association of Europe. But soon manufacturers will have — at one step — the facility to register products in 12 markets. This is an opportunity if they are organised to exploit it, or a threat if their competitors are, executives heard at a Proprietary Association of Great Britain seminar last week.



Sheila Kelly, PAGB

Harmony in product registration?

In 1992, the EEC registration system will most probably be a two tier system with a small central agency reserved for products of EEC interest, such as new active substances where marketing in most Member States is planned, predicted Sheila Kelly of the Proprietary Association of Great Britain.

All other products will be registered nationally, but it is likely that a central agency will have a general role as overseer of national systems and will act as an "appeal body" if countries make divergent decisions about the

issue or withdrawal of a licence.

For some time beyond 1992 the EEC market for medicines will be made up of thousands of products with national registrations valid only in the country in which they were issued. There will be no great movement of products throughout the EEC. Since there will be a need for national registration only the manufacturer will have the necessary data to obtain that registration, and other interested parties, like wholesalers and retailers, will be able to move products only by obtaining a parallel import licence, she said.

National pricing and price controls will remain, partly because registrations will remain national, but mainly because they are heavily influenced by national health reimbursement systems which the Commission has not been able to harmonise.

Companies will not set out to develop Euro brands unless a real market exists. Many products will remain national because they have been developed to meet a national need, the PAGB has found from talking to member firms. Euro brands will largely evolve from existing, successful national brands. The EEC registration system that manufacturers want will have to be able to deal with products which are already on the market and have one or more

national registrations, said Sheila Kelly.

Companies do not find that having to hold several national registrations is a barrier to their marketing. But they agree that some form of national record keeping will have to remain after 1992 to allow functions like adverse reaction monitoring and product recall. With existing national registration systems products have to wait years for assessment. One solution to this

Weighted voting

Italy	
France	
West Germany	10 Votes
UK	
Spain	8 Votes
Belgium	
Greece	
Netherlands	5 Votes
Portugal	
Denmark	
Ireland	3 Votes
Luxembourg	2 Votes
Majority	= 54
Blocking Minority	= 23

problem is set out in "Passport to Europe" (see box), which would give a product access to the single market on the basis of a full assessment by one Member State and registration by the others after consideration of the summary of product characteristics.

This proposal has been discussed with Member States who have concerns about the uniformity of assessments. However, their main concern lies in the possibility that they will have political responsibility for the

Passport to Europe

The Proprietary Association of Europe's proposals for a Community internal market for non-prescription medicines:

■ National registration systems should be maintained for evaluating the quality, safety and efficacy of non-prescription products.

■ A national marketing authorisation issued in one Member State for a non-prescription product should become the product passport allowing access to the internal market on presentation of the passport and a sample of packaging to be used.

■ Member States should retain responsibility for

monitoring products on their markets for compliance with the Community criteria.

■ Community criteria for distinguishing between prescription and non-prescription medicines should be established.

■ Community requirements regarding the information to be supplied with medicines should distinguish between prescription and non-prescription products.

■ Information given to consumers for non-prescription medicines should be that appropriate to their needs and should be given only in language which consumers will understand.

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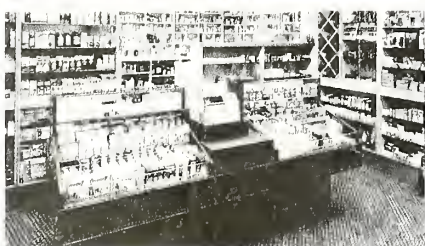
Cuplex can and cannot be used. They offer a durable backup to your advice and encourage correct, regular application. Thus, the treatment you prescribe is more likely to be effective.

All in all, it's hardly surprising that Cuplex is increasingly prescribed by doctors and recommended by pharmacists - it saves time and money for both patient and Health Service.

IT MAKES SENSE TO THINK OF CUPLEX FIRST

1 Bunney, M H et al (1976) - Br J Derm. 94 667-697
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PAGB SEMINAR

How PAGB sees the future

"For manufacturers of non-prescription medicines 1993 will be much like 1992 or 1989. Manufacturers will still be seeking national product licences, there will still be national differences in the assessment of these applications and the Commission will find it difficult, if not impossible, to agree a prescription only list.

"There will be no Euro packs, although more Eurobrands may have developed. Europe will not

suddenly become a single market, but will largely remain 12 national markets.

"For products on the market, there will be a process of European discussion of the national product licences to try iron out differences. For new products, the health authorities will learn to trust each other a little more and a product licence in one country can speed acceptance in others. A new central authority can act as an appeal court for manufacturers who find the free circulation of products blocked by divergent decisions of national health authorities. Above all, industry will increasingly be regarding Europe as a single market. More attention will be paid to the possibility of a brand becoming a Eurobrand. Company structures will be geared more to pan-European marketing. If we are to see a single market it will be marketing led, not produced by European regulation."



John Wells, director, PAGB

One view of Europe 1993

Today's market is fragmented. It favours development of local companies (or international companies with decentralised marketing) as they understand how to cope with local complexities. But from 1993 all firms will be subject to same international environment — something new: neither French, nor British, said Nils Clemencin, who has spent 30 years with Nicholas Laboratories and is now managing director of their French operation.

It is unlikely that by 1993 all national differences will be eliminated or all controls standardised, but some changes have already partially occurred. There has been harmonisation on regulatory matters, factory requirements (GMP) and patent legislation. Further changes will occur with a Pan-European system of registration, price transparency and a reduction of subsidies and investment grants.

Whether product registration is centralised, or through mutual recognition is irrelevant. "Tomorrow your company or its competitor will have, in one step, registrations in 12 markets — an opportunity if we are organised to exploit it, or a threat if our competitors are," said Mr Clemencin.

Free circulation of products with identical registrations will bring price differentials closer

together, he predicted. It will reduce prices (threatening profitability or marketing power) in Germany and Holland and increase them in France and Italy, with everyone broadly aligning with British prices.

Today there are few Eurobrands: Aspro, Vicks, Rennie, Strepsils, Bayer Aspirin, Alka-Seltzer and Preparation H could be considered as such. Deregulation of ingredients from POM to OTC will accelerate development of Eurobrands. Production costs will need to be kept low. Economies of scale will generate plant rationalisations, focus production and encourage shifts to lower cost (personnel and capital) EEC countries.

As for the marketing of medicines, national health reimbursement systems will remain for the foreseeable future. But pricing increases in southern Europe will generate funds to develop these underdeveloped OTC markets. OTC will move more towards consumer packaged goods, with the real competition coming from the marketing route. OTC spin-offs from prescription companies might occur as there is little synergy between the two.

The viability of small and medium sized companies is menaced unless they expand territorially through joint ventures, combined R&D and marketing agreements, or mergers and acquisitions. Mr Clemencin predicted that large OTC companies will become larger and small and mid-size fewer. The greatest contractions will hit Greece, Portugal, Italy, France and Germany.

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Topical hydrocortisone in dermatology

by Ian R. White MRCP, consultant dermatologist, St John's Hospital for Diseases of the Skin, London

The use of topical steroids transformed dermatological practice. Their widespread application for a range of conditions has resulted in a majority of the population being aware of their existence and their presence in many households.

The initial zeal with which the first potent topical steroids were prescribed resulted in what are now well known cutaneous problems of skin atrophy and telangiectasis being reported frequently. Although these drugs are now prescribed with more caution as a result of a better appreciation of their correct use and misuse, many people fear their application which is often compounded by similar fears of their general practitioners and dispensing pharmacists.

The perceived and actual dangers of the use of fluorinated and stronger non-fluorinated topical steroid preparations has backlashed onto simple hydrocortisone topical preparations which have a very high safety record. It is now two years since OTC hydrocortisone became available in the UK. In a similar period in the USA such preparations caused only seven substantiated adverse reactions despite sales of 35 million units.

Topical steroids are used primarily to treat non-infective inflammatory skin conditions of many types. Many of these skin diseases require moderate to potent preparations for adequate control. The principal use of simple hydrocortisone creams and ointments is in the management of eczema.

The terms eczema and dermatitis are synonymous in current dermatological nomenclature. There are many types of eczema but the appearance is not specific to any particular type and varies according to severity, chronicity and site of involvement. Histologically the epidermis and papillary dermis are affected. As a result of capillary vasodilatation, plasma leaks out from the vessels and leukocytes migrate out. At this stage the skin is red and slightly swollen. Next, the prickle cell layer in the epidermis becomes oedematous and vesicles form. These changes are particularly prominent during the acute phase of any eczema but, as it



Allergic contact dermatitis to nickel and watch buckle

becomes more chronic, these changes become less evident as the epidermis becomes thicker or lichenified.

An eczema is said to be either endogenous or exogenous, that is, it is believed to be either constitutional in nature or caused by contact with externally applied agents. The aetiology of endogenous types is usually unclear and the atopic, discoid, seborrhoeic, varicose and unclassified eczemas are diagnosed by distribution and pattern. Exogenous eczemas are either due to the direct toxic or mechanical damage caused by an externally applied agent — irritant contact dermatitis — or by type 4 immunological hypersensitivity in a previously sensitised individual — allergic contact dermatitis. Although topical hydrocortisone-based pharmaceuticals may be used to treat most types of eczematous reactions their more important uses are now described.

Atopic eczema

About 30 per cent of the population are said to be atopic, that is, have a personal or first degree family history of atopic eczema, asthma or seasonal rhinitis. Many people

could, therefore, be considered eczema prone. Atopic eczema is most common in children when it is sometimes referred to as infantile eczema, although it can present in adults for the first time.

Atopic eczema characteristically causes flexural involvement of the skin in mild cases but it is not uncommon for the face to be markedly affected or for there to be widespread involvement of the skin. The cause of atopic eczema is not known although clearly genetic factors are at play. Contrary to popular belief, dietary factors can be implicated only rarely.

The corner-stone of treatment is with hydrocortisone-based preparations in combination with emollients and sedative antihistamines especially in children. Although ointment bases are preferable because the atopic skin is dry, the patient may prefer a cream base which is more cosmetically acceptable.

Most children with atopic eczema "grow out of it" over a few years although in some it persists indefinitely. Treatment is aimed at suppressing the eczematous response and making the skin feel comfortable while waiting for nature to take its course. It is easy to be pushed into therapeutic enthusiasm when anxious parents want their child's eczema to clear. Long term use of the more potent topical steroids has well known adverse effects but it is reasonable for short courses to be given to control particularly stubborn areas of eczema with the aim always to reduce back to hydrocortisone as quickly as possible.

It is always wrong to withhold therapeutically effective agents because of unreasonable fears when their judicious use has good efficacy and relieves misery. Hydrocortisone rarely causes any problems to the skin of children and systemic effects are even rarer.

A common reason why topical steroids do not bring acceptable improvement in an eczema is because of secondary infection. Controlling the infection with a systemic antibiotic or combination topical steroid usually results in the desired effect.

Irritant contact dermatitis

Irritant contact dermatitis can be of two types, acute and chronic. An acute condition is caused by chemical or physical damage to the skin resulting in an inflammatory reaction which we see as eczema. Once the offending agent has been removed and the skin is protected from further contact the eczematous response settles. Different degrees of damage may be produced and the eczematous response may vary from slight redness (an irritant reaction) to a vesicular eczema and chemical burns.

Irritant reactions are very common and many of us will have such a reaction at some stage. The commonest site is the back of the hands, fingers and the finger webs and the forearms, where the damage may be caused by use of over-aggressive cleansing agents, solvents, DIY and any work which is wet such as housework, nursing and catering. The face may be affected when the irritant damage is induced by dryness of the air, too aggressive washing or even certain topical medicaments (such as those used to treat acne) and depilatory agents. The reactions tend to be more frequent in Winter when chapping also takes place.

These mild cases of acute irritant contact dermatitis respond well to emollients, soap substitutes and topical hydrocortisone preparations. It is quite safe for hydrocortisone to be used on the face and the reactions settle over a day or so.

Chronic irritant contact dermatitis results from the repeated exposure to a number of irritant factors over a period which causes an accumulation of damage and eventual failure of the skin's repair mechanisms. Atopic individuals are more prone to the development of this type of reaction. Chronic irritant contact dermatitis commonly results from occupational exposure and is seen in cooks, hairdressers and lathe operators, for example. Again the back of the hands are usually affected but the condition persists for a long time after the hands have been protected from further exposure. As a result the chronicity the skin may become thicker. Chronic irritant contact dermatitis responds poorly to treatment and potent topical steroids are often required together with the usual emollients.

Allergic contact dermatitis

Up to 20 per cent of normal women are allergic to metallic nickel which they acquire from wearing costume jewellery and it is especially common in women with pierced ears. They become aware of hypersensitivity when they notice localised areas of eczema on the ear lobes, under a watch buckle or jean studs. Among patients being investigated for eczema by patch testing about 12 per cent are sensitive to fragrances, up to 4 per cent to preservatives and 2 per cent to lanolin derivatives with numerous other substances causing fewer reactions. The development of contact hypersensitivity is an all-or-none phenomenon, that is, an individual goes from a state of being non-sensitive to sensitive.

If a woman develops a patch of eczema on her ear lobes after wearing ear rings and there is a history of such reactions, there is usually no difficulty in diagnosing nickel sensitivity. The responsible allergen for many cases is usually not so readily obvious. Additionally, only by routinely patch testing patients with eczema of all types can contact allergens often be identified as the cause of the problem.

Allergy to nail varnish can cause a facial eczema indistinguishable from seborrhoeic eczema, for example. Some eczema sufferers may be allergic to a component of the topical preparation which they are using to treat the eczema. Stasis (varicose) eczema is particularly susceptible to the development of secondary contact reactions.

Allergic contact dermatitis most commonly affects the hands and face. Both areas are constantly sampling the environment and, usually, whatever gets onto the hands also gets onto the face. In the domestic setting it is hypersensitivity to a component of a toiletry or cosmetic which most frequently causes a problem. The absence of full ingredient labelling on toiletries, cosmetics and topical

medicaments in the UK and Europe can make the avoidance of allergens difficult even when a significant allergen has been identified. One should not recommend the use of any topical preparation unless there is easy access to details of its composition.

For most individuals with an allergic contact dermatitis, avoidance of the responsible allergen will resolve the eczematous response over a few days. It is entirely appropriate for the reactions to be lessened by the use of topical steroids. Hydrocortisone can be used safely on the face and neck and elsewhere until the inflammation has gone. More severe cases of allergic contact dermatitis may require stronger steroids and occasionally systemic steroids.

The case for OTC hydrocortisone

by Dr R. M. Reekie, senior medical advisor, Crookes Healthcare Ltd

Before the rescheduling of hydrocortisone, there was considerable debate in the medical literature both for^{1,3} and against⁴ this change. The consensus view appeared to be in favour of the proposal, and one survey⁵ suggested that 72 per cent of pharmacists agreed.

In April 1987 topical hydrocortisone 1 per cent was made available over the counter for allergic and irritant contact dermatitis and insect bite reactions.

Steroids are classified into four groups ranging from very potent through to mild (Table 1). Hydrocortisone is the weakest of the topical steroids. It is a synthetic derivative of the naturally occurring hormone cortisol — 30mg is secreted daily by the adrenal cortex.

Inflammatory skin reactions may occur as an allergic response to particular materials or skin contact with irritants. This results in erythema (redness) and oedema (swelling) caused at a cellular level by the release of mediators of inflammation such as histamine and vasoactive kinins. The net result is the dilation of small vessels with leakage of plasma and inflammatory cells.

In treating such reactions, the first step is

to recognise and remove the cause. However, to facilitate recovery, active intervention may be required in the form of a topical steroid to diminish the release of inflammatory mediators. The weakest steroid which can control the condition should be used.

A general practice study by Greenish and colleagues⁵ has confirmed that 1 per cent hydrocortisone can itself be effective. One hundred and eighty-four patients with dermatitis were divided into three groups where the condition was considered to require hydrocortisone, moderate strength steroids, or full strength potent steroids. All patients were given topical 1 per cent hydrocortisone

Table 1

Steroid potencies

IV	Mild	eg hydrocortisone
III	Moderately potent	eg clobetasone butyrate
II	Potent	eg betamethasone
I	Very potent	eg clobetasol propionate



(Left) Irritant contact dermatitis to hands and (right), insect bites

Again, because the drugs are generally being used for a short time even the more potent preparations combine their efficacy with safety.

Eczema on the face and neck

Eczema on the face and neck may be atopic, seborrhoeic, contact or unclassified. Hydrocortisone-based products are the mainstay of treating all types of facial eczema. Treatment may be for only a few days as in the case of a contact reaction but may be for years as with an atopic facial eczema. The hydrocortisone rarely causes any problems even when used for treating eczema of the eyelids. The condition of perioral dermatitis

was identified in the early 1970s and followed the widespread use of the fluorinated topical steroids on the face. It consists of numerous erythematous micro papules around the mouth area but with a spared rim around the vermillion border. It is treated effectively by hydrocortisone, usually in combination with an imidazole, and oral tetracycline.

OTC hydrocortisone

The above has been a summary of the principal uses of topical hydrocortisone in dermatological practice. The references to its use in children and on the face reflect its safety, which is obviously important for an OTC preparation. Hydrocortisone is highly

effective in controlling many eczematous reactions. It is important that the inherent recognised problems of the excessive use of fluorinated and substituted topical steroids should not be relayed to the appropriate uses of hydrocortisone.

Pharmacists can safely dispense topical hydrocortisone creams and ointments in the knowledge that harm will not result. The current restrictions on OTC dispensing are unfortunate as the restrictions exclude some of the most appropriate indications for hydrocortisone use. It is not a therapeutic sledge-hammer and neither is it a wolf; its proper OTC role has yet to be realised.

All pictures courtesy of St John's Hospital for Disorders of the Skin

(range of treatment 4 to 53 days).

In the group considered to require hydrocortisone, 84.5 per cent showed clearance or considerable improvement. In the group which routinely would have been prescribed moderately potent steroids, hydrocortisone provided 51.9 per cent clearance or improvement, and in that which would have been given full strength steroids the figure was 48.5 per cent. Thus, in suitable skin conditions, 1 per cent hydrocortisone can be very effective.

Complications

There is a tendency to consider complications of steroid therapy as a whole. However, following topical application of steroids it is mainly skin problems such as skin thinning, resulting in telangiectasia (small dilated blood vessels) or striae (similar to stretch marks), which have been reported, primarily with the more potent fluorinated steroids.

Using specialised radiological techniques⁷, 1 per cent hydrocortisone has been shown to produce 5-8 per cent skin thinning, but it should be noted that a bland cream itself produced 5 per cent skin thinning when assessed using the same technique. These values are only 25-30 per cent of those seen following application of a more potent fluorinated steroid. Other workers have been unable to confirm skin atrophy even after eight weeks exposure to hydrocortisone⁸.

The only potential systemic complication of topical steroid application is that of systemic absorption with subsequent suppression of endogenous steroid secretion.

It takes approximately 15g hydrocortisone cream to cover an adult body completely. It has been calculated³ that even following such an application to normal skin, only 30mg of hydrocortisone would enter the circulation. This is only equivalent to the normal daily secretion of cortisol.

It has been stated⁹ that normal skin is incapable of absorbing sufficient hydrocortisone to produce any systemic adrenocortical suppression. However, it

should be noted that hydrocortisone is absorbed more readily by the ano-genital region, that occlusive dressings can increase absorption by up to 10 times, and in children, because of the relative increase in surface area to body weight, the effects of any absorption will be magnified. For this reason hydrocortisone should only be applied to children under medical supervision.

Because of these wide safety margins it was possible to consider the rescheduling of 1 per cent hydrocortisone.

Minor skin conditions are generally self-limiting. Treatment must therefore carry a low risk of side-effects. If these treatments are made available over the counter, additional margins of safety must be made by carefully specifying indications and contra-indications and by advising on correct usage.

One per cent hydrocortisone cream is available in OTC packs for the treatment of allergic and irritant contact dermatitis and insect bite reactions. Any other skin conditions requiring steroid therapy should be treated only under medical supervision. The treatment duration should be short enough to minimise potential complications, but long enough to give the therapy sufficient time to have an effect. Therefore OTC packs are designed to provide seven days treatment in the adult. If the condition persists, the patient should be referred to the GP.

By rescheduling to P status, consumer requests for hydrocortisone are supervised by the pharmacist at the point of sale. It should be possible from a simple history and examination to ensure appropriate use (Table 2).

Children under 10 should not be given topical hydrocortisone without medical supervision for the reasons stated earlier. It is inappropriate for use in the ano-genital region because of increased absorption and the possibility of other diseases (for example, fungal infections, genital viral sores etc) being treated inappropriately.

Topical hydrocortisone is inappropriate for skin disorders due to infection. This can be avoided by ensuring that the area to be treated has become inflamed due to contact with an

allergen or irritant, and that there is no obvious skin infection as evidenced, for example, by the presence of pus. Fungal infections such as athlete's foot are also unsuitable for topical hydrocortisone.

The facial area should be avoided (including the lips) because if skin thinning occurs after inappropriately prolonged use, this can be disfiguring. Use close to the eye may rarely lead to ophthalmic complications, particularly in the presence of ophthalmic infections. Skin disorders in these areas should therefore be referred to medical supervision. However, use of OTC hydrocortisone on the ear should be acceptable if the skin condition is suitable for treatment as described above.

Broken skin may indicate greater severity of disease and, in addition, there exists a possibility of secondary infection and of greater systemic absorption. Therefore, again, this is an area which should be referred to medical supervision.

While the restrictions and conditions regarding the use of OTC hydrocortisone may appear slightly daunting, the intention is to enable the products to be used with a high margin of safety within the community.

Some pharmacists may still prefer to recommend other products, such as simple emollients or antihistamine creams. However, hydrocortisone is more appropriate due to its specific anti-inflammatory activity in the conditions indicated. While an emollient cream will reduce skin dryness, there is no specific anti-inflammatory effect and antihistamines are not suitable to treat conditions other than those produced by histamine release, such as certain insect stings. In addition, antihistamines can cause problems with sensitisation.

Summary

If used appropriately for its listed indications, 1 per cent hydrocortisone is both safe and effective. By asking a few simple questions and by avoiding obvious inappropriate indications, the pharmacist can ensure that the product is used correctly. Such sensible use will ensure that conditions requiring medical treatment are referred while those more appropriately treated by self-medication are dealt with by the community pharmacist.

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Table 2

Screening for OTC hydrocortisone

1. Age of patient, ie unsuitable under age of 10.
2. Area of skin involved, ie suitable for application to face, eyes, ano-genital region.
3. Is condition acute or chronic? If acute or recurrent area of acute contact dermatitis, suitable for use; but if long-term chronic skin condition, refer to medical supervision.
4. Description/appearance of skin. Inflamed skin with relationship to contact with allergen, eg jewellery, or irritant, eg detergent.
5. Ensure absence of any infection, eg cold sore, impetigo, acne, athlete's foot. If present, refer for medical advice.
6. If pregnant, refer for medical advice.

Are pharmacists missing out on the latest OTC advice opportunity?

Pamela M. Watson, group product manager, Crookes Healthcare Ltd, examines why the market for OTC hydrocortisone has not taken off as expected

Two years ago topical hydrocortisone 1 per cent was finally deregulated in the UK, allowing sales without a prescription for certain indications.

But in spite of research showing that most pharmacists were in favour of the POM to P rescheduling, sales of OTC hydrocortisone have not grown as predicted.

Before the deregulation, manufacturers were confident the market would reach at least £5 million in the first year. Despite 12 product launches and advertising support to both pharmacist and consumer, the market is currently worth just under £2 million at rrp and is showing no signs of growth. Hc45 from Crookes Healthcare Ltd is the leading brand, accounting for approximately one-third of sales, followed by Efcortelan P.

There are a number of reasons why the market has not taken off as expected. The restricted indications and pack warnings have created confusion among all groups including

pharmacists, the general public and even GPs.

Market research conducted one year after launch showed that just under 90 per cent of pharmacists were generally favourable to the deregulation as it gave them a chance to increase the scope of their professional powers. However, closer examination shows that although some pharmacists recognise the efficacy of hydrocortisone for the permitted indications, they are being cautious and falling back on their traditional alternatives such as emollients and antihistamines. And the Regulations have led many pharmacists to be concerned about its potential for misuse.

The restricted OTC indications must have also created widespread confusion among consumers. Your customers must wonder why a product they can get from the doctor for young babies with eczema or for use on the face, has such severely restricted use when bought from the pharmacy.

The market is obviously not big enough to

support a dozen manufacturers, so companies are already beginning to discontinue products. The future does not look optimistic unless pharmacists continue to recognise the opportunity to counter prescribe this safe and effective medicine. The market will only grow with the support of pharmacists, who can provide customers with the necessary information and reassurance to overcome any anxiety and confusion.

Although brands cannot be available for customer self selection, they may be promoted through tailor-made Perspex counter displays offering access only from the rear.

With one in five adults suffering from inflamed, irritated, itching skin, dermatitis, allergy rashes, etc, many potential customers could benefit from OTC hydrocortisone. The majority of sufferers seek advice on treatment. There is no alternative OTC preparation for contact dermatitis, only soothing relief from an emollient. OTC hydrocortisone is ideal for self medication on small patches of inflamed and irritated skin that are not severe enough to warrant a visit to the GP.

Recent research among GPs showed they are in favour of OTC hydrocortisone and believe that its applications could be wider than currently.

After 30 years prescription experience, they feel confident of its safety, and as the tube size is limited to 15g they believe there is little opportunity for misuse.

A recent survey revealed that only about 20 per cent of adults were aware of hydrocortisone 1 per cent. Pharmacists could be missing a chance to give some useful advice.



Crookes Healthcare are proud to be associated with the Pharmacists Training Seminar on OTC Hydrocortisone 1%.



Behind the best names.

Medicine sales — but not at any price

What is the Proprietary Articles Trade Association? What is its connection with RPM? And how are community pharmacists a vital link between them? PATA director Gerry Harraway explains...



forum for the discussion of matters of common interest to all involved in pharmaceutical distribution.

During recent years there have been hiccups in the operation brought about by legislative action. 1956 saw the Restrictive Trade Practices Act which abolished collective RPM but permitted manufacturers to take legal action in order to enforce selling prices. And in 1964 the Resale Prices Act abolished RPM unless manufacturers could prove that, as far as their products were concerned, it operated in the public interest.

Over the next six years the PATA, in conjunction with other major trade associations within the industry, prepared a case which was heard in the Restrictive Practices Court in 1970 over a 28-day period and resulted in the exemption of medicines from the 1964 Act.

The judgment ran into 44 pages but, in short, the findings were that if price-cutting on medicines were to be allowed supermarkets would only stock the best sellers, thus threatening the livelihood of community pharmacists. It found many would close giving fewer outlets from which the public could obtain prescribed medicines. This would particularly affect older people in the more rural areas who would find difficulty in travelling to major shopping centres to find a pharmacy to dispense their prescription.

Over the years the PATA has

consistently fought on behalf of its members to ensure that resale prices of medicines are upheld in accordance with manufacturers' fixed prices as laid down in their official price lists. Membership includes some 80 manufacturers and wholesalers and around 10,500 retail pharmacies.

Each year the Association handles in excess of 250 reports of price cutting — mainly received from retail pharmacy outlets. A first-time remedial action strike rate of 80 per cent is achieved, with the remainder of offenders coming into line with a little more persuasion.

How it works

When a pharmacist reports a price-cutter to the PATA details are passed to the manufacturers concerned. Sometimes the manufacturer instructs the Association to act on its behalf. In these instances a letter is sent to the offending trader drawing his attention to the rights of the manufacturer and setting out prices at which the products involved must be sold. An assurance is requested that correct prices will be reinstated with immediate effect.

If no such assurance is received it may be necessary for court action to be taken to bring the offender in line with manufacturer's requirements. Legal costs are usually set against the offending trader and can prove to be very expensive.

We do not live in a perfect world and there will always be a trader somewhere cutting the price of medicines — maybe in error or maybe intentionally. Regardless of reasons we must make him aware of RPM requirements and insist that he retails at manufacturers' fixed prices only.

It is imperative that community pharmacists advise the PATA of each and every case of price-cutting of medicinal products they note in order that the Association can continue to help protect the pharmaceutical profession. I invite you to fully co-operate with the Association in a common cause.

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HEART ATTACK!

While community pharmacists are not usually involved in the treatment of heart attacks, they may have to deal with patients experiencing symptoms or needing reassurance after leaving hospital. This article, based on information from Beecham Research, looks at current thinking on diagnosis and treatment.

The diagnosis of myocardial infarction is based on the presence of at least two of the following: a typical history, characteristic electrocardiographic changes, and a rise in cardiac enzyme levels in the plasma.

The symptoms of a heart attack depend on the severity and site of the infarction. Many patients die almost immediately. Those who survive generally complain of severe chest pain, often likened to the crushing sensation of a tight band around the chest, sometimes radiating down the arms (particularly the left arm) and into the neck.

Frequently, there will be a history of angina, but the pain from an infarct, though similar in quality, tends to be more severe than anginal pain and to last longer — usually for over half an hour. Unlike angina, it is not relieved by glyceryl trinitrate.

Fainting, nausea, vomiting and extreme tiredness are common and breathlessness occurs in about one quarter of cases.

A past history of angina, hypertension, stroke, peripheral vascular disease and diabetes mellitus increases the likelihood of myocardial infarction because these conditions

are all indicative of atherosclerotic vascular disease.

Smokers and people with stressful occupations are also thought to be at greater risk. Any history of lipid disorder, heart attack, diabetes and hypertension in close family members can also increase an individual's susceptibility to heart attack.

In some patients, the pattern of events is less typical. The pain may range from moderate to mild and, sometimes, an infarct may pass completely unnoticed — only being picked up later from characteristic ECG changes. This is more usual in elderly patients and it is thought that up to ten per cent of patients who infarct do so asymptotically.

A small infarct may produce few signs. After an extensive infarct, the patient is usually pale, sweating and breathless with a raised heart rate.

The rhythm of the heart may be disturbed so that it beats regularly but more slowly or more rapidly than usual. Alternatively, beating may become irregular. This sometimes heralds an arrhythmia which may seriously interfere with effective pumping and is a sign

which can arouse additional concern.

The infarct may precipitate circulatory failure by damaging the heart so much that it can no longer act as an effective pump. If so the pulse will have a reduced volume and the skin will be poorly perfused.

The blood pressure is generally normal unless the patient is in circulatory failure but it will rise if anxiety and pain are not relieved. Low grade fever (around 38°C) and abnormal heart sounds may develop.

Specific changes seen on the electrocardiogram help to confirm a diagnosis. The ECG also indicates the extent and site of the damage to the heart, pointing to which coronary artery has been occluded. The approximate time since the onset of an infarct can be ascertained from the ECG because the changes take place in a definite sequence.

The progress of the infarct can also be monitored from the rise and fall of the plasma concentrations of the cardiac enzyme creatine kinase aspartate aminotransferase and lactate dehydrogenase.

These enzymes are normally confined within cardiac cells but are released when the

cells are damaged. Characteristic changes of cardiac enzyme levels in serial plasma samples taken over the few days following an infarct help to confirm the diagnosis. The higher the enzyme levels seen in the plasma, the more extensive the infarct.

A full blood count shows an increased number of circulating white blood cells. The erythrocyte sedimentation rate becomes elevated and remains so for several days.

A chest X-ray may show signs of pulmonary oedema and an enlarged heart if the attack has induced cardiac failure. Radionuclide scans are sometimes used to identify and locate an acute myocardial infarction when ECGs and enzymes are inconclusive. The damaged cardiac cells concentrate the radionuclide during the acute period of the disease.

Treatment

The treatment of acute myocardial infarction classically had three aims: pain relief, the prevention and treatment of arrhythmias and other complications, and rehabilitation of the patient in such a way as to minimise the likelihood of a second infarct. Recently, prompt administration of thrombolytic agents has been shown to improve survival and to limit the extent of infarct damage by dissolving clots in the coronary vessels. Increasingly therefore, tissue salvage is becoming a fourth objective.

Pain relief Morphine or diamorphine is used to relieve the pain of acute infarction. An anti-emetic is given to counteract the tendency of these drugs to induce vomiting.

Oxygen inhalation therapy relieves hypoxia which is often present, particularly if there is left ventricular failure or cardiogenic shock (circulatory collapse).

Prevention and treatment of arrhythmias Nearly all infarct patients have some form of arrhythmia. This is usually mild with no effect on the circulation or prognosis, but it can interfere with effective pumping and be fatal. A patient is at the most risk of developing a life-threatening arrhythmia in the first hour after a heart attack. Thereafter, the longer he survives without doing so, the greater are his chances of avoiding this complication.

If the patient remains in regular or sinus rhythm, no problem is likely to occur unless the rate is so slow that the blood pressure is compromised. A severely reduced heart rate (bradycardia) can also predispose to more dangerous rhythm abnormalities and should be treated with drugs.

Sometimes the conducting tissue linking the atria and ventricles is damaged by the infarct. This may restrict the number of impulses generated in the heart's natural pacemaker, the sino-atrial node, reaching the ventricles. The result is heart block which, if severe, may warrant the insertion of a temporary pacemaker.

Atrial fibrillation can increase the risk of blood clots forming in the heart and embolising to the lungs and brain to cause infarction in these organs. It can be corrected by digitalis, beta blockade, verapamil or other antiarrhythmic agents.

Ventricular arrhythmias present the most acute danger to the patient. Abnormal or ectopic beats are common in the ventricles after a heart attack. They may be of little consequence but may precipitate ventricular fibrillation during which the ventricle contracts randomly without any effective output. This arrhythmia affects 5 to 10 per cent of infarct patients in hospital.

Ventricular fibrillation most commonly occurs in the first hour after the infarction and is fatal if electric shock treatment is not administered immediately to correct it. This risk is one of the main reasons for admitting patients to coronary care units where the equipment and trained personnel are on hand to deal with the problem.

Patients seen and diagnosed after the first few hours of an infarction when serious risk of this arrhythmia is over, may be treated at home, thereby avoiding the anxiety of hospital admission in patients who have not developed cardiac failure or any other complications and are well supported at home.

Pain relief, rest and reassurance all play a role in preventing arrhythmias.

Clot dissolution Most infarcts are believed to result from a thrombus occluding a coronary vessel whose walls are already damaged by atheroma. If thrombolytic drugs are administered within a few hours of the onset of the infarct, they may be able to salvage the myocardium or at least limit the extent of the damage.

Once the thrombolytic agent has dissolved the clot, antithrombotic therapy (with heparin and warfarin or, more recently, aspirin) can prevent further thrombi forming in the damaged vessel.

Several clot-dissolving agents are currently being evaluated for clinical use. All improve the outcome of myocardial infarction if administered early enough.

Streptokinase reduced mortality three weeks after acute myocardial infarction in the GISSI trial by 18 per cent for patients admitted within 12 hours of onset of symptoms¹. Anticoagulant treatment was left to the choice of each coronary care unit.

tPA (tissue plasminogen activator) with heparin reduced mortality by 26 per cent overall compared with placebo/heparin one month after the event in the ASSET study². Patients were admitted within five hours of onset of symptoms.

Anistreplase (APSAC), followed by heparin and warfarin, reduced mortality by 47 per cent, compared with placebo/heparin/warfarin, one month after an infarction in the AIMS study³. Patients were admitted within six hours of symptoms and this benefit was maintained one year after the acute event.

Low dose aspirin added after thrombolytic therapy is likely to reduce the mortality rate even further. Aspirin was added to streptokinase in the ISIS-2 trial⁴. Each agent reduced post-infarct mortality, but when given together the effect was additive, decreasing the mortality rate at 35 days by 42 per cent (odds reduction). Patients were treated within 24 hours of onset of symptoms.

The effects of the addition of aspirin to the other thrombolytics is now undergoing investigation. The ISIS-3 study will compare the main thrombolytic agents.

Time is of the essence in thrombolytic therapy. The sooner it is administered the better the patient's chances of survival. Its benefit when administered more than four or five hours after infarction is much more controversial.

Anistreplase (APSAC) has a longer half life in the plasma than either streptokinase or tPA and so is active in the circulation for longer. It can be given by a single injection into a vein, so would be more convenient to use in general practice. A current study aims to determine if infarct patients will benefit from thrombolytic treatment before admission to hospital.

Thrombolytics have been linked with the

risk of bleeding so it has been suggested that it is important to confirm the diagnosis by ECG recording. Careful patient selection with due regard to risk factors can reduce the likelihood of haemorrhage. Contra-indications include peptic ulcer and history of cerebrovascular accident.

Thrombolytics may not prevent later reocclusion of damaged coronary vessels. Seven out of 10 patients retain residual coronary stenoses which may be dilated later by angioplasty when there is less risk of precipitating untoward cardiac events. If the coronary vessels are badly stenosed with atheroma, a coronary by-pass operation may be necessary.

Before the advent of thrombolytic agents, anticoagulation with heparin and then warfarin for up to six months after an infarct was standard practice. Many cardiologists still give these drugs routinely; others reserve their use for those at particularly high risk of thrombo-embolic complications.

Beta-blockade has been shown to reduce mortality following myocardial infarction. These drugs appear to reduce the rate of reinfarction, the number of sudden deaths, the incidence of arrhythmia, cardiac failure and infarct size.

They are usually started five to seven days after an infarct and continued for at least a year. Some cardiologists limit use to infarcts complicated by certain rhythm disorders and they should not be given to patients with lung disease or those with hypotension or bradycardia.

Rehabilitation

Patients are likely to spend the first two to three days after their infarct connected to a continuous ECG monitor on the coronary care unit. Then, if no complications develop, they are moved to a general ward and gentle rehabilitation can begin. Patients are now encouraged to mobilise early and can begin walking around the ward by the fifth day after infarction. Many are discharged after only seven to ten days in hospital but they should remain under frequent medical supervision for reassurance, and to ensure that every effort is being made to prevent a recurrence.

Before leaving hospital, an education programme should have begun, instructing patients how to reduce their risk of reinfarction. This includes advice on diet, exercise and stress reduction.

Many cardiologists like their patients to perform a limited exercise test. The subject is connected to an ECG machine while exercising on a treadmill under strict supervision. This enables the medical staff to assess whether the patient will be able to perform household activities without serious risk.

Certain tasks should initially be avoided but gentle exercise encouraged and, by six to eight weeks after infarction, most patients are able to return to work.

Reassurance is important. Infarct patients can become psychologically crippled from fear of a recurrence. Risk factors such as high cholesterol should be corrected and smoking actively discouraged.

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4. ISIS-2 study: *Lancet* 1988 II 349-360.

POSTBAG

Scottish fees

I have no sympathy with the 50 contractors who met in Edinburgh recently to dispute the new fee structure in Scotland. When the new contract came out, essential pharmacies in Scotland were substantially less well paid than their counterparts in England and Wales. Despite a campaign to rectify this, the "big boys" would not concede any of their payments to improve the essential pharmacy scheme. Now that the boot is on the other foot, they can expect no help from me.

It is also interesting to note that these contractors were able to meet to discuss the new fees a full week before I was told of them. Since they are obviously well informed and organised, it surprises me that the Standing Committee managed to put one over them.

As for Mr Blount's remark that I will now be hampering the large efficient pharmacies, I can only say that my lack of a decent payment in recent years has probably made me as efficient as any pharmacy.

Small is beautiful.

David Thompson
Lamlash, Isle of Arran

Control of entry out!

As one who opposed the new contract from the outset I would welcome moves to set it aside. Far from seeing such moves as a threat I would view them as a return to sanity. In my opinion the controls on granting of an NHS contract were a further curtailment of professional freedom. We have suffered too many of these over recent years.

The controls are anti-competitive, against the public interest and that of pharmacy. The events following the contract have increasingly shown that the independent pharmacist has suffered through our policies: the young and ambitious are thwarted by current market prices for pharmacies. How many substantial businesses do we see publicly advertised?

More and more pharmacists are realising that the contract so eagerly welcomed by our leaders is a snare, a brake on the advancement of our profession. But it is naive to hope that our leaders would admit to having been in error.

The prudent independent pharmacist would, I suggest, take every step to reduce reliance on NHS dispensing for income and security. While handling the maximum amount of NHS work, he or she would concentrate on activities not paid for by the State. Margins on NHS dispensing are too low to produce a fair return on risk capital. A typical pharmacy with a turnover of, say £250,000, with three quarters of it in NHS dispensing, is likely to be making a return on capital of maybe half that obtainable from a building society.

The investment a proprietor has in the business is what it would sell for, lock, stock and barrel, in the current market. And his or her return on capital is what is left after the boss has been rewarded for services rendered to the pharmacy. Look at the prices of pharmacies, look at management salaries, and wonder!

A drastic revision of pharmacy policies and politics is urgently needed. A first move would be to get rid of the control of entry regulations. The curse of bureaucracy is greater than that of competition and of the market.



Alan Haycocks, a locum pharmacist from Devon, came fourth in the giant slalom at the World Ski Cup for Pharmacists, held recently in Val D'Isere, France

Find out where present and prospective Council members stand and vote accordingly. And don't forget the power of our own "civil service."

Eric Jensen
Brighton

Over insured

There was a small error in **Business News** (C&D March 18, p444).

You state that the Employees National Insurance will be 2 per cent on earnings up to £43 per week. This is incorrect, there are no Employer National Insurance or Employees National Insurance contributions on the first £43 per week earnings. The Employee contributions thereafter will be 2 per cent on earnings up to £86 per week.

The Employers National Insurance contributions are unchanged but only the bands have been increased.

J.J. Penn F.C.A.
Financial Director
L. Rowland & Co Ltd

De-loused

May we offer a correction to the "Treating head lice" table in C&D March 25, p482. The information pertains to the policy for head lice treatment in Riverside West, and Hounslow and Spelthorne Health Authorities.

Our current policies employ carbaryl, not malathion. The change over date for both authorities is September 1, 1989. We would ask all community pharmacies in these areas to recommend and sell carbaryl until this date.

Margaret-Anne Faulds
Staff pharmacist
Riverside Health Authority
Sandra Wolper
Staff pharmacist
Hounslow and Spelthorne Health Authority

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BUSINESS NEWS

For sale: International Laboratories

International Laboratories Ltd, manufacturer of the Derbac range, Migrave and Collis Browne's, are close to being sold.

Finance director James Powell confirmed trade rumours this week by telling *C&D* the company 'is in the process of being sold', but declined to comment further on its future or why the management have decided to sell.

There is no definite word on a buyer but sources suggest G.D. Searle as one of three companies bidding. Searle's management were not available for comment as *C&D* went to press.

Money spinner

Mersey Regional Health Authority signed an agreement this week so they can raise money by selling insurance to staff.

The authority is becoming an agent of the Liverpool-based Royal Insurance. Staff will get discounts while the NHS will receive payment for the business transacted. According to *The Independent* newspaper this would amount to £200 for a £25,000 endowment policy.

Polaroid safe

Polaroid's eight month fight against a hostile takeover bid from Shamrock Holdings Inc came to an end this week.

Shamrock have signed an agreement terminating their tender offer and proxy contest. They will abide by a ten year standstill whereby they will not pursue any attempt to take control of the company. An expensive legal battle was thought likely had Shamrock not withdrawn.

Beecham to merge with SmithKline?

Persistent City rumours that Beecham were set to acquire SmithKline Beckman found some basis in fact this week. On Monday a joint statement confirmed the two are having merger talks with a view to "creating one of the world's largest pharmaceutical and health care product companies".

Shareholders of either would continue as equal equity owners and a new board of directors would be drawn equally from both companies. Beecham chairman Bob Bauman would be expected to lead a merged company.

Exactly which parts of the groups would join forces is unclear. Analysts say the talks are to a very tight timetable, and the joint statement stressed caution in that: "There is no assurance that any agreement would be reached".

A merger would almost certainly involve the two companies' prescription businesses and also Beecham's consumer product division. Depending on what does emerge, they could become the third largest prescriptions group and probably second in OTC to Johnson & Johnson. They have potentially the world's biggest veterinary drug business.

Beecham have been thought to be eyeing potential suitors for some time. Analysts think they have been looking to acquire to

help them build their medicines business and *C&D* reported in January on speculation that they would bid for SmithKline (January 28, p138). Beecham chairman Bob Bauman would only say then that "prescription drug companies are very expensive, hard to find and their purchase is difficult to execute".

SmithKline have had their problems over the last 12 months. Tagamet has been overtaken in US sales by Zantac and in January president and chief operating officer George Ebright resigned amid some publicity over differences in opinion with chairman Henry Wendt. Beecham have also recently lost a key member of the board when managing director John Robb departed to Wellcome.

The City believes that whatever the outcome of the talks, a bidding battle is bound to start for SmithKline. The shares have risen steeply in anticipation of such a move. Hoffmann-La Roche, Rhone-Poulenc and ICI have been touted by analysts as possible bidders.

If a complete merger does go ahead then both companies are forecast to sell off their remaining non-core business.

This could mean SmithKline selling the instruments division while the position of Yardley Lenthic within Beecham could also become somewhat tenuous.

Micro-Biologicals joins conglomerate

Animal health and hygiene products manufacturer Micro-Biologicals have been bought by Grampian Holdings, the Scottish industrial conglomerate.

They have purchased 95 per cent of the capital of the Hampshire-based company for £2.14m. Grampian also

announced full year results last week where, according to *The Financial Times*, pharmaceuticals contributed in the 70 per cent rise in pre-tax profits, up at £10.43m.

Turnover is up 83 per cent to £108.68m for the company, which also has sportswear interests and transport companies.

Merck and J&J alliance

Merck & Co and Johnson & Johnson have formed a new company to develop and market a range of non-prescription medicines in the US.

Initially products will be marketed through McNeil Consumer Products before Johnson Merck Consumer Pharmaceuticals is set up as a stand alone company, with each partner having a 50 per cent share.

The deal is said to join Merck's drug development abilities with the marketing and consumer expertise of J&J. Merck say Pepcid could be marketed by the new company, once FDA approval has been granted.

Chairman of Merck, Roy Vagelos, says the venture will provide innovative products of genuine value for OTC use. "Consumers are increasingly taking more responsibility for their own health," he said.

Buyout at TIL

The management of medicine development consultants TIL (Medical) Ltd purchased the company in a buyout from parent group TIL International last week.

The Guildford-based company provide consultancy services in obtaining marketing approvals on a worldwide basis. Buyout team leader Dr John Dewhurst says: "Pharmaceutical companies are finding it increasingly uneconomic to retain all the resources to launch a product worldwide."

Ilford cleared

International Paper's acquisition of the Ilford Group from Ciba-Geigy was confirmed by the Office of Fair Trading last week.

A statement from the DTI said the OFT has recommended the deal to be cleared, and not referred to the Monopolies and Mergers Commission.

Jeyes buy "rich man's clothes" and look to pharmacy

Jeyes Group plc, fresh from the March acquisition of Wet Ones and Baby Wet Ones, announced full year results last week and put a public face on business plans that put pharmacists high on their list of priorities.

Turnover is up 24 per cent to £36.2m (£29.3m) and pre-tax profits by 30 per cent to £1.58m (£1.21m). Managing director Jimmy Moir says 40 per cent of the sales growth comes from expansion of core products (Parozone products and Jeyes bleach) and 25 per cent from new products.

The company launched Moists toilet tissues last year, just before they were floated on the Unlisted Securities Market. A further 35 per cent of growth comes from acquired businesses, including the

Izal brand range, he said.

The latest acquisitions from Sterling Health were prompted because the £1.1m deal enabled Jeyes to "buy into a big growth market". Mr Moir summed-up their buying policy saying: "We will make further acquisitions when ready, and because we are quite small, we can move quickly which gives us an edge. We have bought cast-off's in a sense rich man's clothes, and we then revitalise the product ranges."

The company wants to persuade pharmacists to carry a small range of household products, like its disinfectants, in addition to its tissue products. Baby Wet Ones and Wet Ones are in the process of being repackaged to carry the Jeyes name, Mr Moir said.

BRIEFS

The Association of the British Pharmaceutical Industry has a booklet available on the new IFPMA code of pharmaceutical marketing practices.

The text of the IFPMA code and the section on "Obligations of Industry" remain unchanged. New explanatory notes have been introduced to clarify some of the requirements.

The introduction has also been rewritten to incorporate the First Supplementary Statement of March 1982, which clarified aspects of the operation and interpretation of the Code. Further information from the ABPI. Tel: 01-930 3290.

Colgate-Palmolive are to establish a joint venture company with The Clorox Co in the Far East. Colgate-Clorox (Far East) Ltd, is being set up to manufacture and market Clorox bleach in selected South East Asian countries.

Chemisphere Ltd have moved to: 38 King Street, Chester, CH1 2AH. Tel: 0244 320878, Fax: 0244 320858.

The Department of Trade & Industry said last week that the number of companies going into liquidation in England and Wales in 1987 fell by 21 per cent.

DDSA Pharmaceuticals' beta-lactam facility is now on stream. The company said last week that the suite was constructed to state-of-the-art specification and is fully equipped to manufacture ampicillin, amoxycillin and penicillin products.

COMING EVENTS

Meeting on the Border

The Border Region Branch, RPSGB will be holding an evening regional conference at The Red Lion Hotel, Chester-le-Street, on Wednesday April 19, from 7.30 to 10pm.

Speakers will be Tim Astill, of the National Pharmaceutical Association, on "What's in the limelight", and Christine Dalton, a community services pharmacist at St Nicholas Hospital, on "Residential and nursing homes".

The bar will be open for half an hour before and after the meeting. Coffee and sandwiches will be available at £1.20 per person and must be booked in advance. Contact Miss N. Thornthwaite on 0434 608536.

CPP annual address

The next annual address of the College of Pharmacy Practice will be at the Royal Pharmaceutical Society's Assembly Hall at 1, Lambeth High Street, on Thursday May 4 at 6.30pm. It will be presented by Professor M. Salkind who holds the chair in community medicine at St Bartholomew's Hospital, London.

The address will be followed by the AGM at 7.30pm, and will include presentations of certificates to the College's new practitioner members, and of the Schering Award. There will be a reception for the new members at 5.30pm.

Monday, April 10

Hull Pharmacist' Association. Postgraduate Centre, Hull Royal Infirmary, Anlaby Road at 7.30pm. "Hepatitis B — risks and prevention" by Dr Jeff Kirsch of Smith Kline & French (sponsored meeting).

Southampton Branch, RPSGB. Postgraduate Centre, Southampton General Hospital, at 7.30pm. Annual meeting. "Melanomas" by Sister P.J. Perkins, research sister, dermatology.

Lurgan, Portadown and Armagh Branch, PSNI. Tandragee Golf Club, co. Armagh, at 8pm. Annual dinner and election of officers.

Tuesday, April 11

Fife Branch, RPSGB. Anthony's Hotel, Kirkcaldy at 7.45pm. Annual meeting. Cheese and wine, and Committee on Safety of Medicines video.

South East Metropolitan Branch, RPSGB. Medical Centre, Lewisham Hospital, at 8pm. Annual meeting preceded by a reception.

Larnarkshire Branch, RPSGB. Old Mill Hotel, Motherwell, at 8pm.

Annual Dinner and General Meeting. Refreshments available.

Leicestershire Branch, RPSGB. Lecture theatre, Postgraduate Medical Centre, Leicester Royal Infirmary, at 7.30pm. Annual meeting.

Wednesday, April 12

Isle of Wight Branch, RPSGB. Calvert's Hotel, Newport, at 8pm. Annual meeting. Refreshments available.

Ayrshire Branch, RPSGB. Piersland House Hotel, Troon, at 8pm. Annual meeting.

Scottish Borders Branch, RPSGB. Education Centre, Borders General Hospital, at 7.30pm. Annual meeting.

Dumfries and Galloway Branch, RPSGB. Hotel Embassy Newbridge, Dumfries, at 7.30pm. Annual meeting. Speaker Mr J. Jamieson, Administration Prescription Pricing Division.

Lancaster Branch, RPSGB. Elm Hotel, at 8pm. Annual meeting.

Glasgow Branch, RPSGB. Green Room, Royal Scottish Automobile Club, Blythswood Square, Glasgow, at 7.30pm. Annual meeting, followed by "Experiences of an international football doctor" by Dr W. Stewart Hillis, consultant cardiologist, Stobhill Hospital.

Advance information

World Council of Enterostoma Therapists. Conference on "United Europe in ostomy care" at the Scottish Exhibition and Conference Centre, on May 3-5. Registration fee £75 includes conference material lunch and welcome reception. For registration form, contact Gardine Caldwell Communications Ltd. Tel: 0625 618507.

IBC Technical Services Ltd Conference on "The changing face of congestive heart failure therapy" the Royal Society of Medicine, Wimpole Street, London W1, on April 17-18, at 8.30am. Chairman Professor D. B. Barnett of the University of Leicester, and Professor Hans Scholz of Hamburg University. The fee is £454.25 (inc refreshments). Inquiries to Renata Duke, on 01-26 4080.

The eighth annual major health industry conference will be at "1992 and the NHS review", Heythrop Park, Oxford on May 1. Chaired by Sir Barney Hayhoe, former Minister of Health. For details or register, contact Graver Books Associates on 0246 883440.

The European Federation of Pharmaceutical Industries Associations. General assembly in Paris on "An industrial policy for medicinal products in the year 2000" from May 31 to June 2. Symposium will consist of three sessions: the bases of a policy underlying the medicinal industry; the protection of the patient; the protection of the product. Further details from EFPIA. Tel: 02-640 615.

Norwich Union Life Insurance Society have bought the General Practice Finance Corporation from the government for £145m. It widely thought the GPFC's new expanded lending powers would mean they can lend money to pharmacies.

Retail sales higher than estimated

Revised retail sales statistics for February show that sales are up by 3.5 per cent for the month, above the original estimate of 2.5 per cent.

Chancellor Nigel Lawson, in Washington for the International Monetary Fund conference this week, reacted by saying the Government will not hesitate to raise interest rates further if it thinks necessary. However, sales are only 0.1 per cent higher in the three months to February, than in the previous quarter and he said that domestic developments do not warrant a rise now.

Looking east

Glaxo are funding a new research initiative based in Singapore, group chairman Sir Paul Girolami announced there last week.

The Glaxo Singapore Research Fund has been created under which Glaxo's local production company, Glaxochem (Pte) Ltd, is endowing a total of \$850m (approx £15m) for a research project to be undertaken by the Institute of Molecular and Cell Biology of the National University of Singapore.

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ABOUT PEOPLE

Pharmacists fight the lice

A Press conference at the Hotel Russell, London on March 31, marked the last act of the launch of the "Stop the Louse" campaign by the National Pharmaceutical Association.

In this unique campaign (C&D Feb 11 p 192) the NPA had brought together Dr John Maunder, director of the Entomology Centre at the University of Cambridge, Barbara Kelly, TV actress and personality with NPA group director Tim Astill, to present the facts to the Press.

Tanya Turton, NPA Press and publications officer, outlined the background to the campaign and the distribution of the message that had been achieved by the 500,000 leaflets to 10,000 pharmacies, 800 hospitals, Press, radio and TV.

Tim Astill then outlined the pharmacists role, both in this campaign and that performed in their daily communications to the public. He quoted the Nuffield Report in that "Pharmacy was a greatly under utilised resource" and emphasised that the cost of this campaign was being supported by community pharmacists.

Barbara Kelly related a personal story, "don't remind



Rosie, the baby rhino, tipped to become London Zoo's latest celebrity star, has to take care of her complexion and doesn't object to E45 applied by expert Pamela Watson, group product manager for Crookes. Currently 500mg of the cream is sufficient to keep her skin moist and supple, but the demand is obviously going to grow and Crookes have cornered the market for at least 12 months. Rosie now two ft tall and weighing only 12 stone, is the first black rhino to have been bred in captivity and requires a special diet and skin care. She has a 17 year old companion who also finds E45 far more beneficial than the traditional African mud bath

me", about an infection with head lice which her first born suffered, before the days of modern insecticides.

Dr John Maunder outlined the problems and cures as he had done so well on previous occasions, (C&D March 11 p366) emphasising that this was an infection where the lice "entered into a contract with the family" and that everything should be done to dispel the associated stigma.

In this month's *Pink Supplement* the NPA again highlight the "Stop the Louse"

campaign to run throughout April culminating in a "round them-up and catch them" weekend April 29/30.

NPA Board elections

The results of the National Pharmaceutical Association's election of the 1989 Board of Management is as follows:-

G.H. Bullous (North East one), L. Calvert (North East two), C.D. Ross (East), J. King (East Anglia), R.G. Worby (North East London), P.C. Holman (South East one), P.A.P. Gleeson (South East), L. Priest (North West London), D.N. Sharpe (Home Counties), D.H. Maddock (South West), P.E. Taylor (West), J.D. Thomas (West Midlands), A.S. Facer (North West one), J.R. Clitherow (Merseyside), M. Gellman (Greater Manchester), D.R. Evans (Wales), R. Jones (Wales), T.I. O'Rourke (Northern Ireland).

Only three of the seats were contested. There was no nomination for the southern area, and an election will be held in June.

APPOINTMENTS



Chris Hulme has been promoted to business editor at *Chemist & Druggist*. He joined the magazine in September 1988 having previously worked on two of Benn Publications' other titles and after a stint at Devonair Radio.

Windsor Pharmaceuticals Ltd have appointed Cheryl Maiden a medicines development manager and Andrew Dixon as healthcare development manager.

Swaddlers Ltd have appointed Michelle Westwood as assistant product manager for Tog nappies. She was previously with Arthur Bell.

Allergan Ltd have appointed Adrian Doyle as divisional director, and promoted Michael Harrison to take his place as marketing director. Clive Sutton, Kevin Scott and Stephen McGill take three new posts as regional sales managers.

DEATHS

Robson: Ivor Robson, MBE of Greensyke, Etterby Scaur Carlisle has died having recently suffered ill health. He trained at Heriot Watt and opened his pharmacy in Warwick Road Carlisle in 1935 to retire in 1984 when his son John took over the shop. Mr Robson was a former NPA board member, founder member of the Carlisle Executive Council and honorary member of the original Carlisle Dispensary - which was one of the first establishments to be awarded licence to manufacture penicillin. He was awarded an MBE in 1964 for his services to pharmacy.



The proud winner of the January Merrell Dow prize for the best student to complete the NPA's staff training course, is Kathleen Walsham of Atchia's Chemist, Roseworth, Stockton-on-tees. The award was presented to Kathleen recently with the £20 prize, by Brian Haddock (far right) of Merrell Dow Pharmaceuticals. Mr Gordon Bullous, NPA Board Member for Cleveland was there to present the NPA Course certificate, watched by proprietor Mr A.D. Atchia

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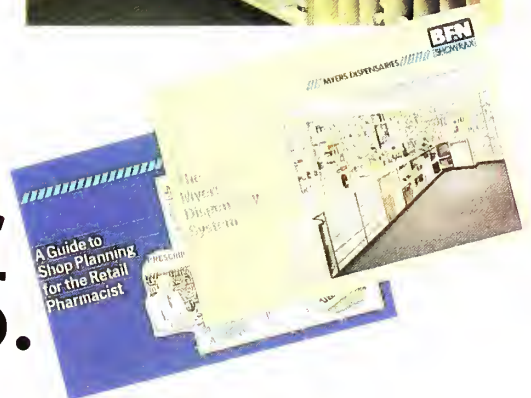


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Use with caution in breastfeeding mothers. Do not use in aortic stenosis or outflow tract obstruction or cor pulmonale.

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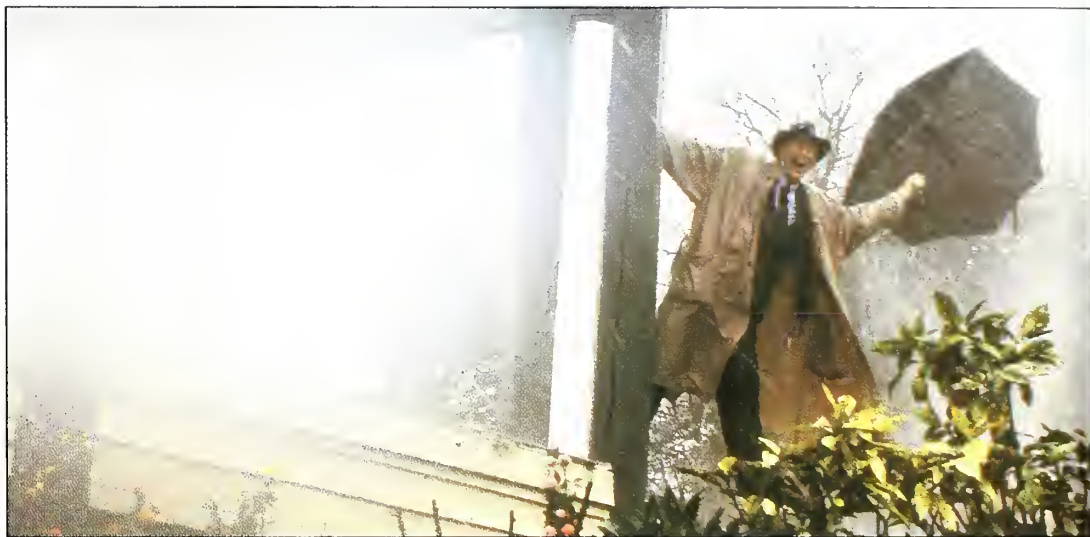
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